

NOTICE OF CONTINUING CLAIM
 (Direct Pay)

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INSTRUCTIONS

1. Complete this form only when submitting continuing claims for you or one of your covered dependents.
2. Complete one form per patient.
3. Attach itemized bills.
4. A full claim form is required once per year or if there has been a change in family status or other insurance.
5. Fold where indicated. Be sure address appears through window envelope.

Employee	Patient
Policy No.	Soc. Sec. No./ID No.
Employer	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Employee Signature _____ Dated _____

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to the group business that is underwritten by New England Life Insurance Company and Metropolitan Life Insurance Company which is currently administered by Great-West Life & Annuity Insurance Company. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, Albany, N.Y.