

Medical Expense

Claim Form and Instructions – GeoBlue Traveler

1. PATIENT INFORMATION

Member ID	Please enter the 12 digit Group ID Number shown on our card											
Patient's Name (Given Name, Family Name)	Patient's date of birth (MM/DD/YYYY)				Patient's Gender							
					<input type="checkbox"/> Male <input type="checkbox"/> Female							
Name of Insured Member (Given Name, Family Name)	Insured's date of birth (MM/DD/YYYY)				Patient's Relationship to Insured							
					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child							
Employer of Insured Member	Insured's current mailing address											

FRAUD NOTICE

Alabama Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for a policy of insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska