



MAJOR MEDICAL COMPREHENSIVE CLAIM FORM

MAIL TO:
PSERS MAJOR MEDICAL UNIT
 P.O. Box 1764
 Lancaster, PA 17608-1764
 1-800-773-7725

INSTRUCTIONS: USE THIS FORM FOR CLAIMS INCURRED ON OR AFTER JANUARY 1, 2002. THIS FORM MUST BE COMPLETED IN FULL. Attach this form to itemized bills for all expenses being claimed. The bills must show: Patient's Name, Type of Service, Date(s) of Service(s), and the Total Charge. If applicable please include the explanation of benefits statement from other insurance coverage, including Medicare. **AVOID DELAY — ANSWER ALL QUESTIONS.**

RETIREE INFORMATION:

GROUP NUMBER: 503

Retiree Name: (Please print first name, middle initial, last name)	Social Security #	Marital Status: Single Married Divorced Widowed Legally Separated
Street Address: (street, city, state, zip code)		Date of Birth: Month/Day/Year

DEPENDENT'S INFORMATION: (complete only if patient is a dependent)

Name of Dependent:	Relationship: Spouse Child _____	Other (Explain)	Marital Status (other than spouse):
If claim is for dependent child 19 or older, is child enrolled as a full-time student? Yes No	Name of School:		Date of Birth: Month/Day/Year
AT TIME CHARGES WERE INCURRED: (If answer to either is yes, give employer's name and address)			
Was spouse employed? Yes No	If claim was for child, was child employed?		Yes No

COMPLETE FOR ALL PATIENTS:

Diagnosis or nature of injury:			
When were you first treated for this condition? (month, day, year)	Name and address of physician who first treated you:		
Is patient also covered for benefits by	Yes	No	Was illness or injury due in any way:
a. Other Group Health insurance of any kind excluding PSERS Group Health insurance?	Yes	No	a. To the patient's occupation? Yes No
b. Group prepayment arrangement providing for medical care and treatment?	Yes	No	b. To an automobile accident? Yes No
c. Coverage of medical care expenses provided by a school, or by Medicare or other federal, state, provincial or government agency?	Yes	No	c. To any other type of accident? Yes No
d. No fault automobile insurance as a result of injuries sustained in an automobile accident?	Yes	No	If any of the above are answered "YES" give details under "Accident".
If any of the above are answered YES please indicate in "Remarks" the policy number, insurance company and the name and address of the school, employer, union or government agency.			
Remarks:			
Accident:			
Date:	(Time: A.M. P.M.)	(Place of accident: Work Other)	
How did accident happen?	Name and address where accident occurred:		

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment of Medical Benefits to Physician or supplier for services described within.	▶	SIGNED (PATIENT, OR PARENT IF MINOR) _____ DATE _____
AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the release of any medical information necessary to process this claim.	▶	SIGNED (PATIENT, OR PARENT IF MINOR) _____ DATE _____

Pennsylvania Public School Employees' Retirement System (PSERS) Notice of Nondiscrimination

The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The PSERS Health Options Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Peter Camacci, Director, Health Insurance Office.

If you believe that the PSERS Health Options Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Peter Camacci, Director, Health Insurance Office
Public School Employees' Retirement System
5 N 5th Street
Harrisburg, PA 17101-1905
Phone: (888) 773-7748; TTY use: 711; Fax: (717) 772-3860; Email: pcamacci@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Peter Camacci is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: Free Language Assistance

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-773-7725; TTY: 711.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-773-7725; TTY: 711。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-773-7725; TTY: 711.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-773-7725; TTY: 711.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-773-7725; TTY: 711.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-773-7725; TTY: 711.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-773-7725; TTY: 711.
Arabic	ملحوظة: إذا كنت تتحدث العربية اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم .TTY: 711; 1-800-773-772
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-773-7725; TTY: 711 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-773-7725; TTY: 711.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-773-7725; TTY: 711.
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-773-7725; TTY: 711.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-773-7725; TTY: 711.
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-773-7725; TTY: 711.
Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-773-7725; TTY: 711។
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-773-7725; TTY: 711.
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-773-7725; TTY: 711.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-773-7725; TTY: 711.
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-773-7725; TTY: 711.