

Out-of-Network Claims Questionnaire

Please answer all of the requested information below. Please remember to attach an itemized bill for each out-of-network claim you are submitting for review. If you have any questions, please call us at the number listed below.

1.	PATIENT'S PHS ID#	2. PATIENT'S Date of Birth		
	<u></u>			
3.	PATIENT'S Name			4. Male Female
5.	MEMBER'S Address	City	State	Zip
6.	The daytime phone number where you may be reached if we have more questions:			
7.	Is the patient a full-time student out of the service a	rea? 🗌 Yes	□ No	
8.	If the attached claim has been caused by an automobile accident, please submit this and all related claims to your No-Fault insurance carrier.			
	If the attached claim has been caused by the patient's employment , please submit this and all related claims to the employer's Worker's Compensation insurance carrier.			
	If PHS is your secondary insurance plan, please submit this claim to your primary insurance carrier.			
	Once a determination has been made by either No-Fault, Worker's Compensation or another primary insur carrier, submit a copy of the original bill and a copy of their explanation of benefits to PHS for futher considerable.			
9.	Please provide a detailed explanation as to the specific nature of the illness or injury and why a PHS physician provider was not utilized. (Please attach additional pages if needed.)			
10	. If you want us to pay covered benefits directly to the provider, sign and date the authorization below. If authorized, we will make payment directly to your provider and send a copy of the payment to you for your records.			
	I authorize payment of medical benefits to physician or supplier for attached services.			
	Signed		Date	<i>l</i>
	Please send claims and written inquiries to:			
	PHS ATTN.: OUT-OF-NETWORK CLAIMS DEPARTMENT P.O. BOX 7090 BRIDGEPORT, CT 06601			
	MEMBERS: 1-800-441-5741	PROVI	DERS: 1-800-4	38-7886
	NOTE: Claim information should be submitted on a completed HCFA-1500 or UB-92 form.			

Coverage under the HMO and in-network portion of the Point-of-Service Plan is provided by Physicians Health Services, Inc. and its subsidiaries. In New York, this coverage is provided by Physicians Health Services of New York, Inc. Indemnity coverage, out-of-network coverage for the Point-of-Service Plan, and ancillary lines of coverage are underwritten by The Guardian Life Insurance Company of America.