NetCare
Life & Health Insurance

GOVERNMENT OF GUAM
Member Claim Form

NetCare Use Only

☐Deductible ☐Reimbursement ☐Wellness/Fitness Reward

Patient/Member Name			NetCare ID Number or Date of Birth
Subscriber Name			
Mailing Address			
Home Phone	Work Phone (ext)	Cell Phone	Email Address

Reimbursement Disbursement Method	☐ Mail to address above ☐ Pick up at NetCare office

DEDUCTIBLE & REIMBURSEMENT

Type of Service	☐ Medical Office	☐ Hospital	☐ Lab/X-ray	☐ Other _____
	☐ Dental Office	☐ Pharmacy	☐ Vision	
Place of Service	☐ Guam	☐ United States	☐ Palau	☐ Other _____
	☐ Philippines	☐ Hawaii	☐ Asia	

FITNESS REWARD

☐ Wellness Program	☐ Annual Physical Exam	☐ Smoking Cessation	☐ Monthly Fitness	☐ Other _____
☐ Fitness (Gym)	☐ Health Risk Assessment	☐ Health Fair Attendance		

Date of Service	Provider/Facility Name	Paid Amount

SUBMISSION REQUIREMENTS

Medical & Dental Services

- Date of Service
- Name of Doctor
- Diagnosis Code (ICD9) - Medical only
- Procedure Code (CPT & Modifier)
- Tooth #, Surface or Quadrant - Dental Only
- If Injury from a accident-Cause & Place of Accident
- Itemized Charges
- Clinic Notes from Doctor
- Proof of Payment

Prescription Drug (OptumRx Drug Form must be completed)

- Fill Date
- Name of Pharmacy
- Name & Strength of Medication
- National Drug Code (NDC)
- Prescribing Doctor Name
- Original Prescription (for Philippine Drug Claims)
- Itemized Charges
- Quantity
- Proof of Payment

Laboratory Services

- Date of Service
- Name of Laboratory
- Diagnosis Code (ICD9)
- Procedure Code (CPT)
- Itemized Bill of Charges
- Proof of Payment

Hospital

- Date of Service
- UB04 Claim Form
- Complete Medical Report
- Itemized Bill of Charges
- Proof of Payment

Wellness/Fitness

- Certificate of Program Completion
- Proof of Attendance/Participation
- Proof of Payment

Deductibles & reimbursements must be submitted within **120 days** from the date of service. Deductibles & reimbursements will be processed based on contracted fees with Participating Providers or Usual Customary Rates (UCR) for Non-Participating Providers; the member is responsible for any excess charges. Claims from foreign countries must be translated to English. Wellness and Fitness rewards must be submitted within **30 days** from date of participation.

AUTHORIZATION - I authorize any physician, practitioner, hospital, medical care institution, insurance carrier or any other organization, institution, person or employer that has any record or knowledge of care, treatment or advice of me, my spouse, or my children to give such information to NetCare Life & Health Insurance Co. or its representatives. This authorization remains in effect as long necessary to evaluate and or process the above claim. A photographic copy of this authorization shall be as valid as the original. I hereby certify that the above information is true, accurate and complete.

Member/Subscriber Signature _____ Date _____