

INSTRUCTIONS FOR THE USE OF THIS FORM

Dear SUNY Member:

If a hospital, physician, ambulance company or other provider send their bill directly to you, HTH Worldwide has no way of knowing about your claim until the bill is received at HTH Worldwide. This form was developed for you to notify HTH Worldwide of any covered health services for which we have not already been billed directly and to provide us with additional information that may be needed in order to process your claim.

Please read the following instructions about how to report health care services.

We are happy to serve you.

THE FOLLOWING INFORMATION MUST ALSO BE INCLUDED ON BILLS FOR THE SERVICE TYPES LISTED BELOW

REGISTERED AND LICENSED VOCATIONAL NURSING SERVICES

- Hours and dates of service
- Location of service (residence or name of hospital)
- Written documentation of physician's referral (must include the state license number, plan of treatment and estimated duration of treatments)

PROSTHETIC DEVICES, APPLIANCES OR DURABLE MEDICAL EQUIPMENT

- Doctor's orders or prescriptions
- Purchase price

OUTPATIENT PRESCRIPTION DRUGS

- Duplicate pharmacy generated receipt (not register tape)
- Must include prescribing doctor's name, name of medication, date filled and amount charged, Rx number; date filled; form, strength & quantity dispensed

AMBULANCE

- Pick-up and delivery points
- Number of miles

ANESTHESIA

- Start Time
- End Time
- Surgical procedure
- Surgeon Name and address

PHYSICAL THERAPY

- Medical Records
- Prescription from referring physician indicating the number of visits prescribed

BILLS MUST BE ITEMIZED

Canceled check, cash register receipts and non-itemized "balance due" statements cannot be processed. If the bill is from a Hospital, Form UB-92 should be submitted. If being billed from a doctor a HCFA-1500 is preferable. Each itemized bill must include:

- Name and address of provider (doctor, hospital, laboratory, ambulance service, etc.)
- Provider taxpayer I. D. number
- Name of patient
- Date(s) of service
- Amount charged for each service
- Total Charge
- Diagnosis Code or reason for treatment
- Procedure Code(s) description of services performed

HTH Worldwide

**Attn: International Claims Department
One Radnor Corporate Center, Suite 100
Radnor, PA 19087 USA
Fax: 1.610.293.3529**

Reminder: This form is only to be used to file claims for treatment that was received outside of the U.S.