



New York State Government Employees Health Insurance Program

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Main form body with sections 1-33, including patient information, insurance details, and provider information.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**NOTICE:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**PLEASE MAIL CLAIMS TO:** United HealthCare Insurance Company of New York  
P.O. Box 1600  
Kingston, New York 12402-1600  
1-877-7NYSHIP (1-877-769-7447)