



In order to avoid delays in claims processing, please complete the reverse side of this form in full.

If this form is not completed by the doctor and you are enclosing receipts, please make sure each receipt contains sufficient information for claims processing – patient's name, date of service, diagnosis, type of service and itemization of charges.

When submitting major medical claims please check the following:

1. All receipts must show:
 - a. Name of patient (first and last name)
 - b. Date of service
 - c. Charge (itemized)
2. In addition, the following must be shown:
 - a. Prescription Drugs – Rx number
 - b. Doctor's office calls – diagnosis and type of treatment
 - c. Laboratory and x-ray – Type of work done

NOTE: Cash register receipts or photo copies are not acceptable. If you desire copies for your records, it is your responsibility to obtain them prior to submission.

3. If other group coverage or Medicare is involved, please enclose copy of any statement for payments received.
4. Major Medical charges should be submitted monthly.

This form and any receipts should be forwarded to:

**NGS CoreSource
P.O. Box 2310
Mt. Clemens, MI 48046**

If you have any questions concerning completion of this form, claims submission, or payment, please call 800-521-1555.