10455 Mill Run Circle • Owings Mills, MD 21117-5559

PATIENT: ____________________

MEMBERSHIP NO.: ____________________

CONTROL NO.: ____________________

CLAIM NO.: ____________________

DATE(S) OF SERVICE: ____________________

DATE SENT: ____________________

Dear Subscriber:
We have been notified that the above member of your family has received medical and or dental care. So that we can determine if benefits can be provided in this case, please complete this form and return it to us in the enclosed envelope within 30 days.

Processing of the claim will be delayed until this information is received.

1. DEPENDENTS NAME (LAST, FIRST, INITIAL)	2. BIRTHDATE MO DAY YR	3. RELATIONSHIP TO SUBSCRIBER:	4. MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED

5. IS PRIMARY PURPOSE OF DEPENDENT TO BE A STUDENT? ☐ YES ☐ NO IS DEPENDENT EMPLOYED? ☐ YES ☐ NO NO. OF HOURS PER WEEK _____, PER MONTH _____

WILL HOURS CHANGE DURING SCHOOL SEMESTER? ☐ YES ☐ NO IF YES, TO WHAT? NO. OF HOURS PER WEEK _____, PER MONTH _____

6. NAME AND ADDRESS OF EMPLOYER	7. IS DEPENDENT COVERED UNDER ANY OTHER GROUP INSURANCE OR PRE-PAYMENT PROGRAM? ☐ YES ☐ NO

8. NAME ON OTHER INSURANCE POLICY	9. NAME AND ADDRESS OF OTHER INSURER

10. IF DEPENDENT IS IN SCHOOL	SCHOOL NAME	SCHOOL TELEPHONE NO.

11. SCHOOL ADDRESS

12. HOURS OF CLASS PER WEEK	JANUARY – MARCH	APRIL – JUNE	JULY – SEPTEMBER	OCTOBER – DECEMBER
CREDITS PER SEMESTER				
BEGINNING/ENDING DATE OF SEMESTER				
COURSE OF STUDY				

13. WERE SERVICES RENDERED DURING A SCHEDULED SCHOOL BREAK? ☐ YES ☐ NO INCLUSIVE DATES OF BREAK: FROM __________ TO __________	WHEN WAS THE LAST DAY DEPENDENT ATTENDED SCHOOL? __________ WHEN IS THE FIRST DAY DEPENDENT IS SCHEDULED TO RESUME SCHOOL? __________

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AUTHORIZE THE RELEASE OF ANY INFORMATION REQUESTED BY CAREFIRST BLUECROSS BLUESHIELD WITH RESPECT TO THIS CERTIFICATION.

____________________ SUBSCRIBER'S SIGNATURE

____________________ DATE

PHONE NO. ____________________

CUT0015-1S (5/99)

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