

PLEASE DO NOT STAPLE IN THIS AREA



Oxford Health Plans
P.O. Box 7082
Bridgeport, CT 06601-7082

HEALTH INSURANCE CLAIM FORM

Form with 33 numbered sections for patient information, insurance details, and medical services. Includes a table for procedures and services (24) and a signature section (31-33).

PATIENT AND INSURER INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION