

# University of Washington Graduate Appointee Plan

Underwritten by MEGA Life and Health Insurance Company

## UW HEALTH CLAIMS

P. O. Box 34600, Seattle, WA 98124-1600  
(866) 535-8503 or (206) 374-9439

Graduate Appointee Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Graduate Appointee Address \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient's Relationship to Graduate Appointee \_\_\_\_\_

Is the patient covered under another medical health care plan?  Yes  No If yes, please provide the following information:

Date other coverage began? \_\_\_\_\_ Date coverage will terminate? \_\_\_\_\_

Company Name \_\_\_\_\_

Health Care Plan's Address (PO Box or Street, City, State, ZIP) \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Policyholder's Birth Date \_\_\_\_\_ Identification or Policy Number \_\_\_\_\_

**Please read the following instructions before completing this section.**

- A. Use this form for Prescription Drugs only.
- B. Use a separate form for each family member.
- C. List drug purchase in date order with the oldest one first.
- D. Attach copies of all drug receipts to the reverse side. Cash register receipts are not acceptable. If your pharmacy does not provide receipts, please have your pharmacist sign in the "Name of Pharmacy" column.

PRESCRIPTION NUMBER	NAME OF DRUG	BRAND NAME	GENERIC	ILLNESS	NAME OF PHARMACY	DATE OF PURCHASE	CHARGE
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

I authorize all health care providers and insurance companies to release any medical or related information necessary to process this claim. **It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and/or civil damages.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Graduate Appointee Signature Date