



Member Claims Form

- Dental Services**
 All Other Services

A. SUBSCRIBER INFORMATION

1a. Member ID:	2a. Health Plan:	3a. Phone Number:	
4a. Last Name:	5a. First Name:	6a. MI:	7a. Date of Birth: / /
8a. Home Address:			
9a. City:	10a. State:	11a. ZIP:	

B. PATIENT INFORMATION

1b. Patient's Member ID:			
2b. Last Name:	3b. First Name:	4b. MI:	5b. Date of Birth: / /
6b. Home Address:			
7b. City:	8b. State:	9b. ZIP:	
10b. Sex: <input type="checkbox"/> <input type="checkbox"/> M / F	11b. Relationship to Subscriber:	12b. Full Time Student: <input type="checkbox"/> <input type="checkbox"/> YES / NO	13b. School Name:

C. ACCIDENT INFORMATION (if applicable)

1c. Accident Type: WORK / AUTO / OTHER	2c. Date Accident Occurred: / /
3c. How did the accident occur?	



D. OTHER INSURANCE

^{1d.} Is the patient covered by another insurance plan? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
If yes, please complete the following:	
^{2d.} Name of person carrying other insurance:	^{3d.} Date of Birth: / /
^{4d.} Member ID:	^{5d.} Name of Other Insurance Carrier:
^{6d.} Policy Number:	^{7d.} Employer Name:
^{8d.} ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OF ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES. I CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT.	
Member or Parent/Guardian Signature: _____ Date: _____	

E. ASSIGNMENT OF BENEFITS

^{1e.} Please sign below <i>only if you want</i> Commonwealth Care Alliance, Inc. CCA Senior Care Options (HMO D-SNP) to pay benefits directly to the provider of medical services.
Member or Parent/Guardian Signature: _____ Date: _____

Guidelines for Submitting Claims to CCA Senior Care Options (HMO D-SNP)

- Clip, do not staple, all bills to the completed form and mail them to CCA Senior Care Options (HMO D-SNP) at the address listed below.
- Make sure all bills indicate a diagnosis code, procedure code, date of service and cost.
- Provide a copy of either a UB92 or HCFA1500 form (this form can be obtained from your provider of service.)
- Please include your Member # on all documents, and submit all claims to Commonwealth Care Alliance, Inc. in a timely manner.
- Submit claims to: **Commonwealth Care Alliance, Inc.**
ATTN: Claims Department
P.O. Box 1127
Dayton, OH 45401
- This form may not be used for pharmacy claims.

CCA Senior Care Options (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.

Notice of Availability Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiama il numero 1-866-610-2273 (TTY: 711).

