

Phone: 620-846-2286 Fax: 888-977-8826 Email: bills@cha.faith

All Programs Self-pay Medical Bill Request for Sharing

Eligible medical bills are shared by members who contribute to help bear the burden of other members' health care costs. These bills remain the responsibility of the member and there is no guarantee any amount will be paid.

Patient name:	Membership number:	
Name of responsible party (head o	household):	
Home phone number:	Cell Phone:	
Email address:		
List the doctor's diagnosis for th	e bills you are submitting:	
Explain the reason for your visi	to the hospital or clinic:	
		_
For Accidents: What is the date o	the accident?	
	pensation, or other insurance with benefits for the bills relating to this accident? te the type of benefit and name of the provider:	
		_
For Maternity: What is the expec	ed delivery date?	
Record all bills submitted on pa	e 2 of this form.	
CHA is secondary to all other sour	es of reimbursement for a member's medical bills, including any health insurance, liability	/
•	or other aid programs in which the member participates, with the exception of Medicaid.	
Medical bills must be submitted to	these sources first and all resources exhausted before bills will be considered for sharing.	
Signed:	Date:	

All Programs Self-pay Medical Bill Request for Sharing Spreadsheet

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		Patient Name:	List the requested informat	Date of Birth:		:					
	Dates o	of service TO	Name of Medical Provider (Clinic / Hospital)	Original Billed Amount		Amount that is your responsibility	Have you paid this bill Yes / No / Partial \$				
1.											
2.											
3.											
4.											
5.											
6.											

TOTALS:

Please include each of the following when submitting your bill for processing:

1. The signed and completed Request for Sharing.

8.9.10.11.12.

2. <u>An itemized bill for each item listed above which includes procedure codes/descriptions</u>. <u>Standardized billing forms such as UB-04 or CMS-1500 are acceptable documentation</u>. <u>These billing forms provide the information we need to process your bill correctly.</u>