



**CHRISTIAN
BROTHERS
SERVICES**

1205 Windham Parkway
Romeoville, IL 60446-1679

Health Benefit Services

630.378.2900 • 800.807.0400 • 630.378.2504 fax
info@cbservices.org • cbservices.org

CHRISTIAN BROTHERS HEALTH BENEFIT SERVICES CLAIM FORM

It is strongly preferred that providers file electronically or use standardized HCFA or UB forms to submit claims. If you need to submit a claim, please complete the top section of the form with all information. Please attach the billing from the provider. If all required information is not included on the billing additional information may be requested.

If complete information is not provided, it may delay the payment of your claim. Please mail the completed form and original materials to:

**Christian Brothers Services/HBS
1205 Windham Parkway
Romeoville, IL 60446**

<u>PATIENT INFORMATION</u>		Insured Privacy ID Number:
Patient Name:	Patient Date of Birth:	Insured Name:
Patient Address:	Patient Relationship to Insured:	Insured Address:
Patient City, State, Zip:	Insured Telephone Number:	Insured City, State, Zip:
	Is Patient Condition Related to Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Insured Date of Birth:
		Insured Group Number from ID Card:
Patient or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process this claim. Signed _____ Date _____		Insured's Signature: I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signed _____

PROVIDER INFORMATION

Attach Bill/Claim

Revised 9/09/14