CHRISTIAN BROTHERS SERVICES
Understanding Protecting Guiding
1205 Windham Parkway
Romeoville, IL 60446-1679

Health Benefit Services
630.378.2900 • 800.807.0400 • 630.378.2504 fax
hbscustomerservice@cbservices.org • cbservices.org

CHRISTIAN BROTHERS HEALTH BENEFIT SERVICES

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. Proper billing should include provider's name, tax identification number, NPI number, itemized charges, service descriptions and applicable CPT codes and ICD 10 diagnosis codes. 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

PATIENT INFORMATION		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 ☐ No ☐	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 necessaryto 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 4/10/23