

# Medical Expense

## Claim Form and Instructions – GeoBlue Traveler

1. PATIENT INFORMATION												
<b>Member ID</b>	Please enter the 12 digit Group ID Number shown on our card											
Patient's Name (Given Name, Family Name)	Patient's date of birth (MM/DD/YYYY)					Patient's Gender						
						<input type="checkbox"/> Male <input type="checkbox"/> Female						
Name of Insured Member (Given Name, Family Name)	Insured's date of birth (MM/DD/YYYY)					Patient's Relationship to Insured						
						<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child						
Employer of Insured Member	Insured's current mailing address											

## FRAUD NOTICE

**Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for a policy of insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska**