

MEMBER HEALTH CLAIM FORM

NOTE: TO BE ELIGIBLE FOR PROCESSING, CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS OF BEING INCURRED

Form should be completed in block letters. Please see back of form for further instructions on how to complete and submit this claim.

PERSONAL INFORMATION (TO BE COMPLETED BY MEMBER)

Cardholder No.	Cardholder First Name
Tax Registration Number (member)	Cardholder Last Name MI
E-Mail Address	Telephone Numbers

EMPLOYEE BANKING INFORMATION (TO BE COMPLETED BY MEMBER)

Bank Name	Bank Branch
Account Name	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Chequing
Account Number	

NAME OF EMPLOYER	NAME OF SPOUSE'S EMPLOYER	OTHER INSURANCE COVERAGE/NAME OF CO.

I hereby assign & authorize payment of benefits to:
PRINT NAME HERE _____
 I hereby authorize the release of any and all of my information required to review and process this claim.
 x _____
 Signature

MEDICAL SERVICES (THE SECTIONS BELOW ARE TO BE COMPLETED BY THE PROVIDER)

NAME & ADDRESS OF DOCTOR/PROVIDER	DIAGNOSIS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Please use codes if listed on back of form)</small>	PROVIDER NO. <input type="text"/>	NAME & ADDRESS OF REFERRING DOCTOR
Is condition due to pregnancy? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of first symptoms D D M M Y Y	REMARKS	
If 'yes' give approximate date of conception D D M M Y Y	Date of first consultation for this condition D D M M Y Y		

DATES OF SERVICE	PROCEDURE-CPT CODE	CHARGES	GCT	TOTAL CHARGES	AMT. PAYABLE BY INSURANCE CO.	MEMBER/SUBSCRIBER PAYS
D D M M Y Y						
D D M M Y Y						
D D M M Y Y						
D D M M Y Y						

IN HOSPITAL SERVICES		HOSPITAL GCT NO.		
DATES OF SERVICE	TYPE OF SERVICE	CHARGES	SERVICE	CHARGES
FROM TO	Semiprivate/Private/Ward Room# of days (Room Rate X # of days)		Oxygen/Gases	
DD/MM/YY DD/MM/YY	Operating Theatre		X-Ray/CT/MRI	
DD/MM/YY DD/MM/YY	Recovery Room		Laboratory	
DD/MM/YY DD/MM/YY	Disposables		Other Miscellaneous Charges	
DD/MM/YY DD/MM/YY	Drugs		Physiotherapy	
			TOTAL CHARGES	

SURGICAL SERVICES				
DATES OF SERVICE	SURGICAL PROCEDURES	CPT CODE	PROVIDER NAMES/NUMBER	CHARGES
D D M M Y Y			Surgeon	
D D M M Y Y			Assistant Surgeon	
D D M M Y Y			Anaesthesiologist/ Anaesthetist	
D D M M Y Y			2nd Surgeon (based on procedure) pre-authorization required	

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for these procedures

PROVIDER STAMP

Name

Signature of Doctor or Authorized Person

Date

INSTRUCTIONS

This claim form can only be submitted for active eligible members of Canopy Insurance Limited. Any misrepresentation of information presented may be deemed as Health Insurance Fraud and is liable for prosecution.

When completing this form please ensure your provider inputs the following information;

- Diagnosis and the name of the referring physician (where applicable), his/her address, type of services and the total charges for product/service. Please also have the provider sign and stamp the form before submitting to Canopy.
- Your name and signature along with the receipt for which this claim is being submitted should be affixed when sending this form to Canopy.

INPATIENT PROCEDURE CODES

SURGICAL PROCEDURES	CODE	SURGICAL PROCEDURES	CODE	SURGICAL PROCEDURES	CODE
Appendectomy	44950	Removal Implants	20670	Prostatectomy, Supra Pubic	55821
Arthroscopic Minesectomy	29880	Fracture, Humerus – Closed Treatment	24500	Pyelolithotomy	50130
Arthrotomy, Knee	27310	Fracture, Femur-Closed Treatment	27230	Prostatectomy, Perineal	55801
Aspiration, Breast Cyst	19101	Fracture, Colles	25600	Phimosi, Reduction of	54450
Biopsy, Breat Lump	19100	Fracture, Great Toe	28490	Pterygium, Excision	65420
Biopsy, Cervix	57454	Fracture, Skull	21300	Pterygium, w Graft	65426
Biopsy, Liver	47000	Gastric Biopsy	43239	Removal of Cataract	66820
Biopsy, Prostate	55700	Gastrectomy, Total	43631	Removal of Foreign Body,	69200
Biopsy, Skin	11100	Hernia Repair, Diaphragmatic	39540	Retinal Reattachment/Vitreotomy	67108
Cauterization, Cervix	57510	Hernia Repair, Inguinal	49520	Repair, Cruciate Ligament, Knee	27407
Cholecystectomy w CBD Expir	47610	Hernia Repair, Umbilical	49580	Salpingectomy	58700
Cholecystectomy, Laparoscopic	47562	Haemorrhoidectomy, Complex	46260	Salpingectomy, Ectopic	59120
Circumcision	54152	Haemorrhoidectomy, Simple	46255	Salpingo-Oophorectomy	58720
Colectomy, Partial	44140	Haemorrhoidectomy, Ligature	46221	Thyroidectomy, Partial	60210
Colonscopy	45378	Haemorrhoidectomy, w Fissure	46257	Thyroidectomy, Total	60240
Colporrhaphy, Anterior, Posterior	57260	Haemorrhoidectomy, Sclerosing	46500	Trachelectomy	57350
Cloposcopy	57452	Hydrocelectomy, Unilateral	55040	Tonsillectomy/Adenoidectomy	42820
Coronary Angiogram	93556	Hysterectomy, Total	58150	Thyroid Cyst, Aspiration	60001
Cystoscopy/Urethroscopy	52000	I&D, Abscess, Soft Tissue	20000	Thyroid Cyst, Excision	60200
Debridement, Skin ETC.	11044	Intra-Ocular Len Insertion	66985	Thoracotomy, for Biopsy	32095
Destruction, Benign Lesion	17000	Lens Extraction	66830	Thyroidectomy for Malignancy	60252
Diagnostic, Bronchoscopy	31622	Ligation & Stripping, Varic. Veins	37720	Urethroscopy	50951
Diagnostic, Laparoscopy	49320	Mastectomy, Simple	19180	Excision, Ganglion Cyst	25111
Diagnostic, Proctosigmoidoscopy	45300	Mastectomy, Radical	19200	Wedge Resection, Ovary	58920
Dilation and Curettage	58120	Myomectomy	58140		
Dilation of Urethral Stricture (Male)	53600	Mastoidectomy, Radical	69511		
Drainage, Bartholins Abscess	56420	Median Nerve Decompression	64721		
Drainage, Ovarian Abscess, Cyst	58805	Menisectomy, Knee Joint	27332		
Excision, Bartholins Cyst	56740	Mitral Valve Replacement	33430		
Excision, Bone Cyst, Benign Tumor	26200	Myringotomy, w General Anaes.	69421		
Partial Mastectomy	19162	Nephrectomy	50220		
Excision, Lesion Tendon Sheath	26160	Nephrolithotomy	50060		
Excision, Lipoma	11440	Oophorectomy	58940		
Excision, Nasal Polyps, Extensive	30115	Prostatectomy, Tran Urethral	52612		

Please Note:

This list is by no means exhaustive, where no codes are give, please state procedures clearly or utilize codes available to you. Our reference is CPT codes 2002

DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE
Abdominal Pain	789.0	Conjunctivitis	372.3	Hyperlipidemia	272.4	Peripheral Vascular Dis	443.9
Abscess	682.9	Colic	789	Hypertension	401.9	Pharyngitis	462
Acne	706.1	Contusion	924.9	Hyperthyroidism	242.9	Pneumonia – Viral	480
Abnormal Liver Enzymes	794.8	Constipation	564.0	Hypoglycemia	251.2	Pneumonia – Bacterial	482.9
Allergic Reaction	995.3	Convulsions	780.3	Hypothyroidism	244.9	Physical Exam(Adult)	V70
Allegic Rhinitis	477.9	COPD	492.8	Influenza	487.1	Physical Exam(Child)	V20.2
Aleergic Prophylaxis	V07.1	Croup	464.4	Ingrown Nail	703.0	Physical Exam Gynae	V72.3
Anaemia (Simple)	285.9	Dehydration	276.5	Inguinal Hernia	550.9	Prostate BPH	600.0
Angina	413.9	Depression	311	Irritable Bowel	564.1	Prostatitis	601.0
Anxiety	300.0	Diabetes-IDDM	250.01	Jaundice	782.4	Rectal Bleeding	569
Arthritis (Rheumatiod)	714	Diverticulitis	562.1	Jaundice (Newborn)	774.6	Renal Insufficiency	594
Arthritis (Osteo)	715	Diabetes-NIDDM	250.0	Kidney Stone	592.0	Rheumatism	729.0
Asthma	493.9	Down's Syndrome	758.0	Labyrinthitis	386.3	Sebacious Cyst	706.2
Behavioural Disorder	V40	Dyspepsia	536.8	Laryngitis	464.0	Seizure Disorder	780
Benign Skin Legion	216.9	Dyspnoea (S.O.B)	786.0	Lumbar Disc Disease	722.10	Sinusitis	461
Blackout/Fainting	780.2	Epistaxis (Nose Bleed)	784.7	Lumbar Sacral Strain	846.0	Sore Throat	"034.0"
Boil/Carbuncle	680.9	Failure to Thrive	783.4	Migrane	346.9	Sprains/Strains	848.0
Bronchitis-Chronic	466.1	Fatigue/Malaise	780.7	Muscle/Back Strain	847.9	Suture Removal	V58.3
Bronchitis (Acute)	466.1	Fever (PUO)	780.6	Oedema	782.3	Swollen Glands	284
Bronchitis (Allergic)-Asthma	493.9	Fibroids (Uterine)	218.9	Otitis Externa	380.2	Tonsillitis	463.0
Burn	949	Foreign Body – Ear	931	Otitis Media	382.9	URI	465.0
Bursitis	727.3	Foreign Body – Nose	932	Ovarian Cyst	620.2	UTI	599
Cardiomyopathy	425.0	Foreign Body – Eye	930	Pain – Abdominal	789.0	Vaginal Bleeding	627
Ca-In-Situ-Breast	233.0	Ganglion Cyst	727.43	Pain – Back	724.5	Vaginal Discharge	623.5
Carpal Tunnel Syndrome	354.0	Gastritis	535.5	Pain – Chest	786.5	Vaginitis	616.1
Cellulitis	682.9	Gastroenteritis	558.9	Pain – Chest Wall	786.52	Vaginitis (Atropic)	627
Ceremun Impaction	380.4	Gout	274.9	Pain- Extremity/Foot	729.5	Vertigo	439
Cervical Disc Disease	722.0	Haemorrhoids	455.6	Pain – Joint	719.4	Viral Syndrome	"079"
Cholelithiasis	574	Head Lice	132.0	Pelvic Inflammatory Dis	614.9	Warts	"078.1"
Congestive Heart Failure	428.0	Hiatus Hernia	553.3	Pelvic Pain	625.9	Wound/Laceration	879
Cervical Dysplasia	622.10	Headache	784.0	Peptic Ulcer Disease	533.9		
Cervical Strain	847.0	Hearing Loss	389.0				
Chest Pain	786.5	Heart Disease ((No CHF) – Hypertensive	402.90				
Cholecystitis	575.1	Hernia	550.0				
Coronary Artery Disease	746.85	Hypercholestrolemia	272.1				