Reimbursement Form

Select Claim Type: o Medical o Dental o Vision

SECTION A: Employee Information

Employee Full Name ______________________________________

Employee's ID #: ______________________________________

Home Address: ____

E-Mail Address: ______________________________________

City:______________________State: ______ Zip: ___________

Employer Name: ______________________________________

Employer Group#: ______________________________________

o Check if new address

I certify that all information provided is correct and that the claims submitted are for myself or members of my family who are eligible. The patient(s) listed below has(have) received the service, and I authorize release of all information contained on this claim to Paragon Benefits, Inc. and my Employer.

Employee's Signature: ____ Date: _______________________________

SECTION B: Patient Information

Complete this section for each eligible family member who received service for which you are submitting claims at this time

Patient's Name (Last,First,MI)	Relationship to Employee	Gender	Itemized Medical Bills	Total $ Amount for Patient
	o Self o Dependent o Spouse o Other			$
	o Self o Dependent o Spouse o Other			$
	o Self o Dependent o Spouse o Other			$
	o Self o Dependent o Spouse o Other			$
		TOTALS FOR ALL MEDICAL:		$

SECTION C: Medical Claims

Provider Name /Address; Provider Tax ID Number; CPT Procedure Code; ICD Diagnosis Code; Date of Service; Charge Amount

NOTE: Altered receipts require signature.

SECTION D: Other Coverage Information (Specific coordination of benefits form available upon request.)

Is coverage for this claim provided by any other group insurance, federal program, or any other insurance program? o Yes o No

Name of other carrier:____

Policyholder's Name: ____

Have these claims been processed by the other carrier? o Yes o No

SECTION E: Reason For Claim Submission Or Special Notes:

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Mail the completed claim to:

Paragon Benefits, Inc.
P.O. Box 12288 Columbus, GA 31917
Fax#: 706-256-4089
Email:submitclaims@paragonbenefits.com