

P.O. BOX 3018 Missoula, MT 59806-3018 (855)-333-1007 Fax (406)-523-3111

CLAIM FORM

ZENITH INSURANCE COMPANY Plan Number: 2001060 1. Patient Information (Use the identification number from your insurance card or policy holder's Social Security Number.)			
4. Participant's current mailing ac	dress (Policy holder's mailing address:	street, city, state, and zip code.)	
5. Diagnosis (Briefly describe the illness, injury, or symptoms requiring treatment.)			
5a. Name of provider (List the name of the provider as indicated on your bill. Multiple bills from the same provider may be included on the same line as long as they are for the same type of service.)	5b. Description of services (I.E. hospital admission, chest x- ray, appendectomy, acupuncture, etc.)	5c. Dates of service or purchase (Inclusive dates may be indicated for bills containing multiple dates of service.)	5d. Charge (Bills must be itemized to show a separate charge for each service. If the bill was already paid, please indicate the date it was paid.)
Authorization is hereby given to a		iming benefits only for charge incur pated in any way in the patient's car te this claim.	
Signature of patient Date			

Itemized Bill Information

Each provider's original itemized bill must be attached and must contain:

- The provider's Tax ID number
- The letterhead indicating the name and address of the person or organization providing the service
- The full name of the patient receiving services
- A description of each service
- The charge for each service

Please complete all items on the claim form. If the information requested does not apply to the patient, indicate N/A (Not Applicable).

If other insurance is primary, please submit the explanation of benefits from the primary insurance company.

Claims in foreign language or currency must be translated into English and United States currency.

This completed claim form together with itemized bills and supporting documentation should be submitted to:

Allegiance Benefit Plan Management, Inc. P.O. Box 3018 Missoula, MT 59806