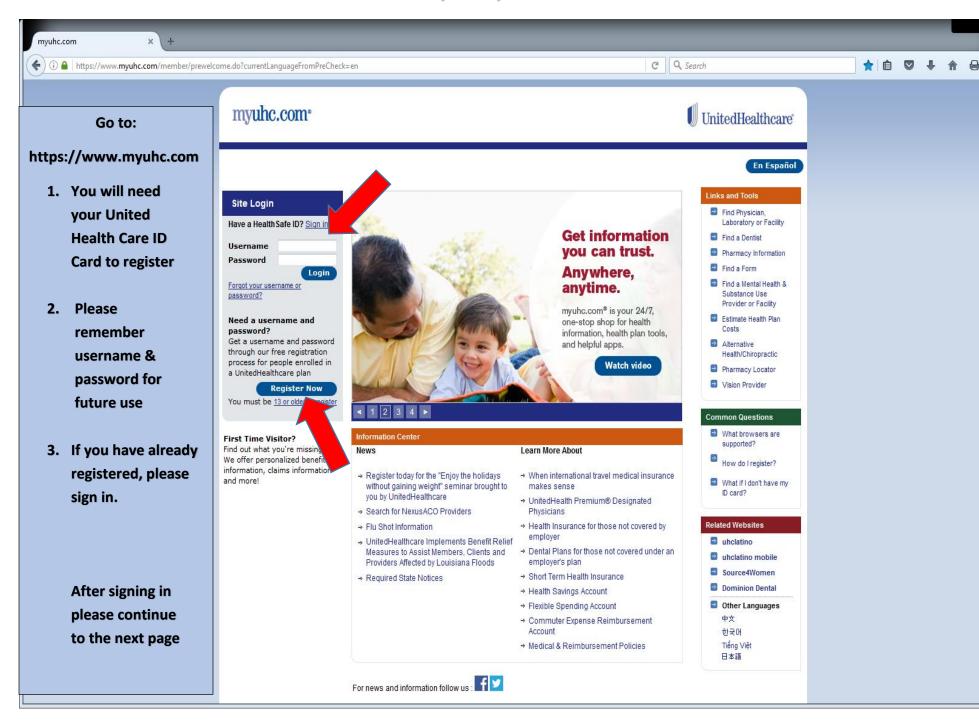
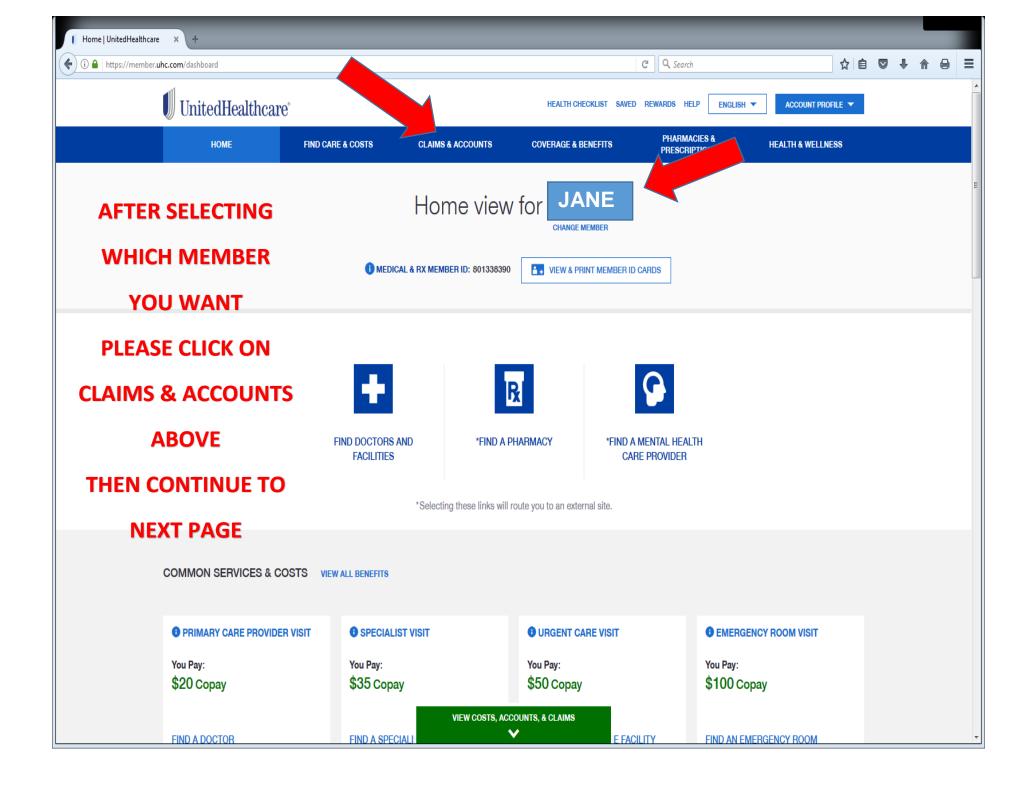
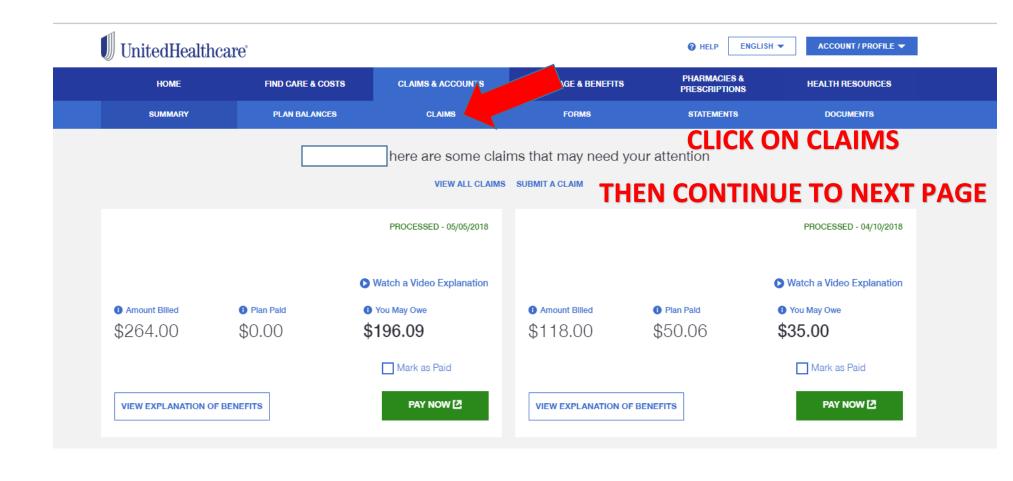
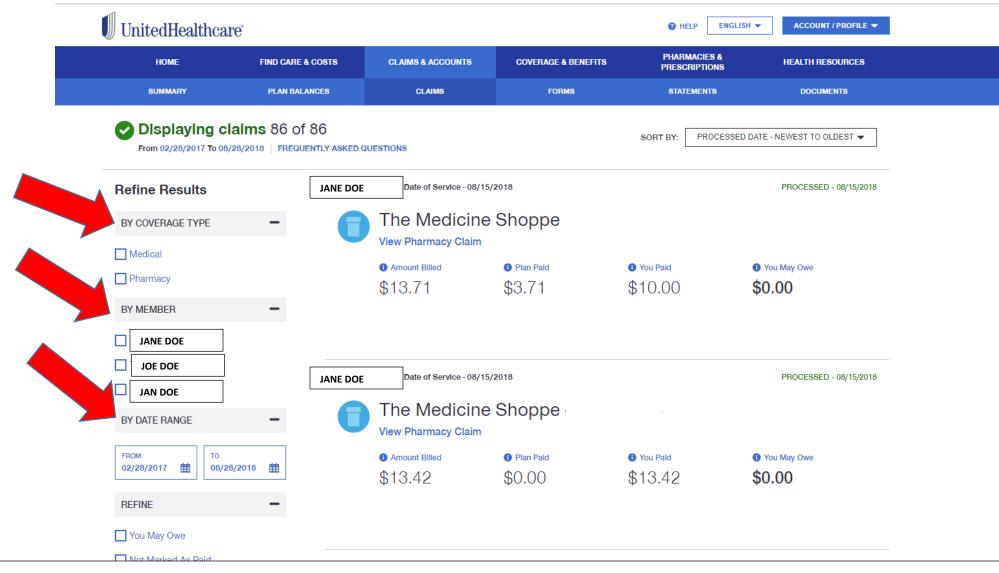
INSTRUCTIONS ON GETTING YOUR (EOB) EXPLANATION OF BENEFITS









1. FILTER WHICH CLAIMS YOU WANT TO VIEW BY FILTERING COVERAGE TYPE, BY MEMBER, AND DATE RANGE.



HELP ENGLISH ▼

SORT BY:

ACCOUNT / PROFILE ▼

PROCESSED DATE - NEWEST TO OLDEST ▼

HOME FIND CARE & COSTS CLAIMS & ACCOUNTS COVERAGE & BENEFITS PHARMACIES & PRESCRIPTIONS HEALTH RESOURCES

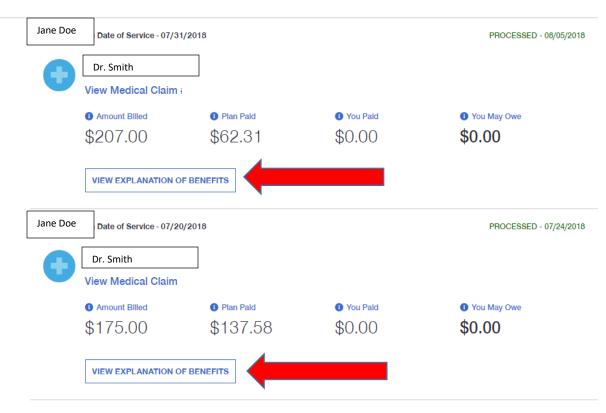
SUMMARY PLAN BALANCES CLAIMS FORMS STATEMENTS DOCUMENTS

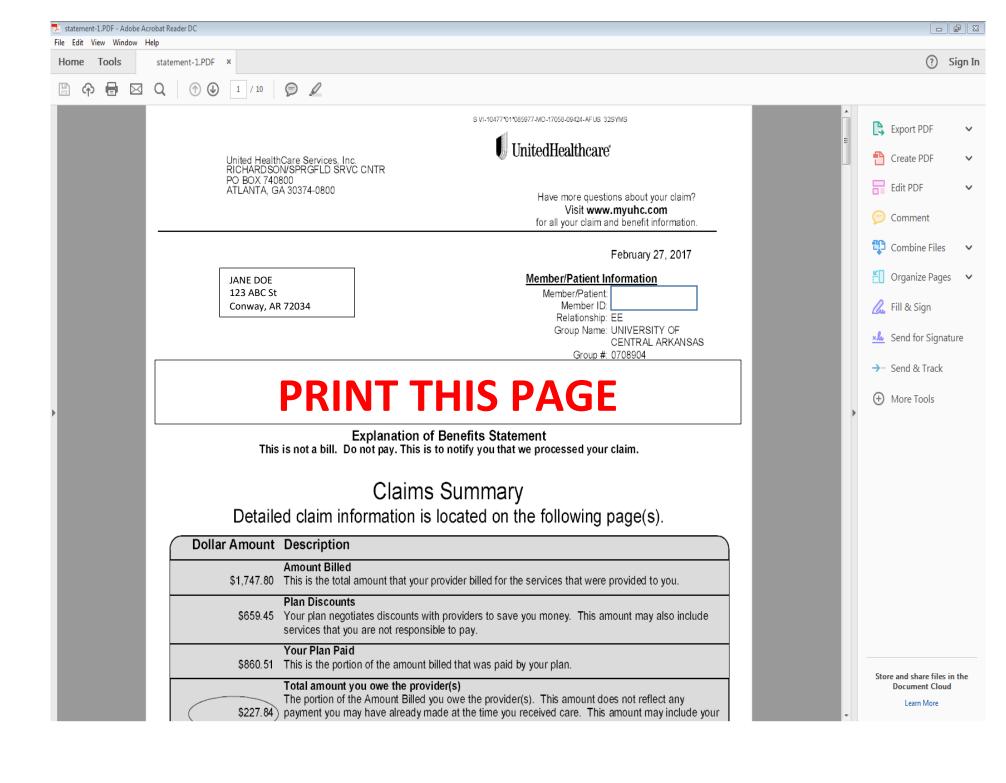
Displaying claims 11 of 86

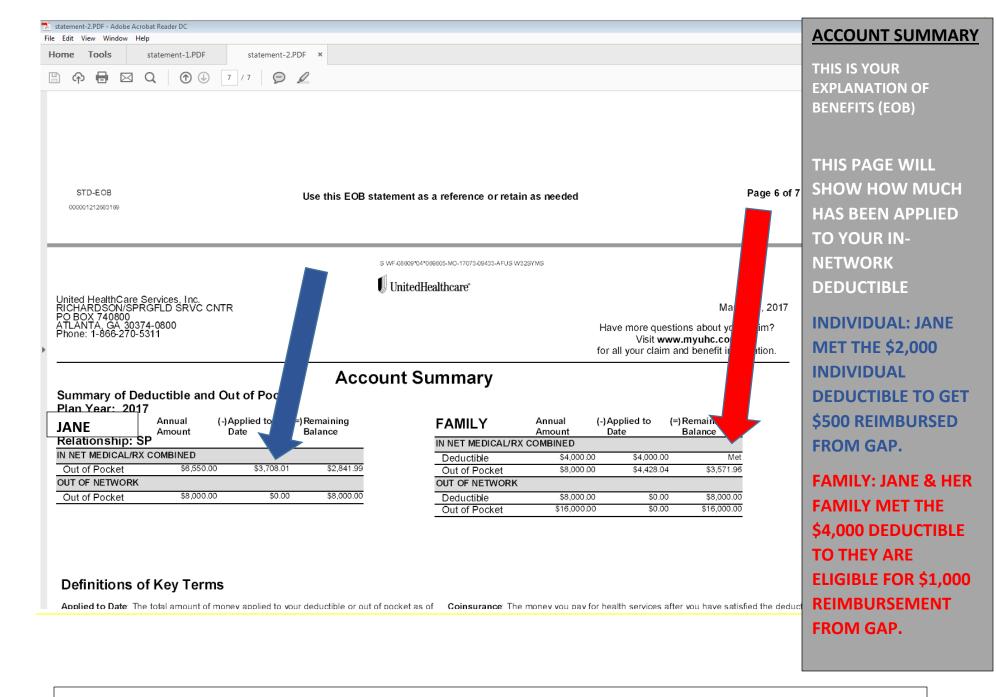
From 02/28/2018 To 08/28/2018 | FREQUENTLY ASKED QUESTIONS

CLICK ON VIEW EXPLANTATION OF BENEFITS

YOUR EOB SHOULD OPEN IN A NEW BROWSER







PRINT THIS PAGE

2016 GAP CLAIM FORM.pdf - Adobe Acrobat Reader DC File Edit View Window Help		
Home Tools 2016 GAP CLAIM F ×		
ONLY PRINT TWO PAGES		^
OF YOUR EOB	Gap Claim Form UCA Human Resources HumanResources@uca.edu 501-450-3181	
THE	PLEASE RETURN TO HUMAN RESOURCES 501-450-3181 BY MARCH 31 ST DEADLINE	
Inc	Staff Faculty	
CLAIMS SUMMARY	EMPLOYEE INFORMATION	
AND	Employee Name (First, MI, Last) City State Zip	
ACCOUNT SUMMARY	Daytime Telephone # Work Phone #	
	PATIENT INFORMATION	_
AND ATTACH TO THE		_
AND ATTACHTO THE	Self Spouse Child	_
BACK OF THIS	Patients Name Sex Date of Service	_
CLAINA FORM	Is this claim the result of a work related illness or injury? Yes No	
CLAIM FORM	Is this claim the result of a work related illness or injury? Yes No If yes, please file with workers' compensation carrier first. Attach the Explanation of Benefits (EOB) from the insurance carrier.	
CLAIM FORM	If yes, please file with workers' compensation carrier first.	
CLAIM FORM	If yes, please file with workers' compensation carrier first. Attach the Explanation of Benefits (EOB) from the insurance carrier. I certify that all information provided is correct and the claim(s) submitted are for myself or	
	If yes, please file with workers' compensation carrier first. Attach the Explanation of Benefits (EOB) from the insurance carrier.	
CLAIM FORM CONTINUE TO NEXT PAGE	If yes, please file with workers' compensation carrier first. Attach the Explanation of Benefits (EOB) from the insurance carrier. I certify that all information provided is correct and the claim(s) submitted are for myself or members of my family who are eligible. I authorize release of all information contained on this	
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	If yes, please file with workers' compensation carrier first. Attach the Explanation of Benefits (EOB) from the insurance carrier. I certify that all information provided is correct and the claim(s) submitted are for myself or members of my family who are eligible. I authorize release of all information contained on this claim to my plan sponsor.	

WEBSITE FOR GAP CLAIM FORM:

http://uca.edu/hr/files/2016/03/gapclaimform.pdf

VERY IMPORTANT

After Human Resources processes your Gap Claim, we pass it on to Accounts Payable to pay you

CONTINUE TO NEXT PAGE

