



# Combined Insurance Services

## PPO HEALTHCARE DEDUCTIBLE REIMBURSEMENT CLAIM FORM

### THIRD PARTY CLAIMS ADMINISTRATOR

**COMBINED INSURANCE SERVICES (CIS)**, 1701 NE 42<sup>nd</sup> Ave #200, Ocala, FL 34470.

Ph # (352) 237-2181. Fax (352) 237-2040

### ➤ CLAIMS SUBMISSION

Submit claims to CIS.

\* Complete the employee section below.

\* A separate reimbursement claim form must be used for each patient.

### **CLAIM INFORMATION** **EMPLOYEE SECTION**

**EMPLOYER:** \_\_\_\_\_

**EMPLOYEE:** \_\_\_\_\_ **SOC. SEC. #:** \_\_\_\_\_ **DAY PHONE:** \_\_\_\_\_

**DEDUCTIBLE REIMBURSEMENT FOR (Patient Name):** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**\*\*Blue Cross Blue Shield Explanation of Benefits *MUST* be attached for processing.**

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_