



Dr. Winchester-Vega + Assoc.

3250 US RT9W

New Windsor, NY 12553

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Secondary Insurance Form

Form with fields for patient and insured information, including name, address, birth date, and insurance details.

Form with fields for medical history, including date of illness, diagnosis, and procedures.

*Secondary Insurance form with fields for insured's information, signature, and policy details.

Form with fields for federal tax ID, patient's account number, and physician/supplier signature.