GUARDIAN LIFE LIMITED
LOOKING AFTER LIFE
A MEMBER OF THE GUARDIAN HOLDINGS GROUP

CLAIM FORM FOR PARTICIPATING DOCTORS OR DIAGNOSTIC FACILITIES
EBD193

MedeCus HEALTH
12 Trafalgar Road, Kingston10, Jamaica W.I.
Tel.: (876) 978-4473 Fax.: (876) 927-4732
Toll Free: 1-888-MEDECUS
Website: www.medecus.com

PROVIDER NO.[1]

Date Service Provided	Member ID No.	Name of Patient	Referring Doctor's Name	Claim Authorization No.	Diagnosis Code	Diagnosis	Procedure Code	Procedure	Total Charge J$	Amount Paid By Patient J$	Patient's Authorization and Signature
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X
											I authorize the provider to release any information acquired in the course of my treatment. X

NOTE: Claims submitted over 90 days from date of service will not be paid.

The contents of this claim form are certified to be a true statement of professional services rendered.

TOTAL:

Provider's Signature _____

PROVIDER NAME[2] **(printed) & STAMP** _____

Date: _____

CFPDDF01.07
FORM # EBD.E 0013/00193 03/2010

FOR OFFICIAL USE: Index by Provider No. and Provider Name