



**Student Health Services**

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studenthealth.oregonstate.edu

Dear Student,

Thank you for submitting a "Request for Billing Statement" form. Student Health Services has implemented a new procedure to assist our students and their families with the submission of the statements to their insurance companies. As you know, Student Health Services does not currently bill students' insurance plans. The form shown at the bottom of this letter is called a Health Insurance Claim Form 1500 (or HCFA-1500). This is the required billing form used by most insurance companies to reimburse their members.

Due to a change in format of the statements, we are including the example below with highlighted instructions on how to complete the necessary areas in the top half of the form before mailing it to your individual insurance company. The bottom half of the form is completed by Student Health Services.

**You will need your insurance card to fill out the information on every HCFA-1500 form you receive. To complete, please follow these steps:**

- Section 1a:
  - Enter the ID number from your insurance card if you have your own insurance plan.
  - If you are a dependent on an insurance plan (i.e. child or spouse/partner of insured) enter ID number of primary insured on the plan.
- Section 4: This is the name of the policy holder of the insurance plan. The policy holder is you if you have your own insurance plan or your parent, spouse, or partner if you are a dependent on someone else's plan. .
- Section 7: This is the address of the person you have indicated in section 4.
- Section 11: This is the insurance plan's group number from your insurance card. Also complete 11 a-d .
- Sections 9 through 9d: Complete only if you are covered under an additional insurance plan (secondary insurance). "Insured" refers to the policyholder of that insurance plan.

**Additional information:**

- If you are covered by a Blue Cross/Anthem/Regence plan, please contact/call customer service to obtain the correct billing address as it may not be the address on the back of your insurance card.
- Please note: the HCFA-1500 will not work for the purpose of submission to a medical savings account. Please contact the Billing Office at 541-737-2068 to request a form that will work for that purpose.

Thank you,  
Student Health Services Billing Office