



P.O. Box 98029 • Baton Rouge, LA 70898-9029

VIP

Variable Income Plan
CLAIM FORM

PLEASE READ CAREFULLY: THE VIP POLICY IS A HOSPITAL INDEMNITY POLICY THAT PAYS DAILY BENEFITS FOR COVERED HOSPITAL ADMISSIONS BASED ON THE LEVEL OF BENEFITS PURCHASED. YOU MUST ATTACH AN ITEMIZED HOSPITAL BILL TO THIS CLAIM FORM IN ORDER FOR YOUR BENEFITS TO BE PROCESSED.

TO BE COMPLETED BY SUBSCRIBER

PATIENT'S LAST NAME		FIRST NAME		M. I.	SEX M F	RELATIONSHIP TO SUBSCRIBER	
DATE OF BIRTH MO DAY YR		MARITAL STATUS MO DAY YR <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER		STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND ADDRESS OF SCHOOL	
CONTRACT NUMBER		PATIENT'S EMPLOYER OR OCCUPATION			FULL NAME OF ATTENDING PHYSICIAN		
DATE OF ADMISSION		DATE OF DISCHARGE		STILL A PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF ACCIDENT/ONSET OF ILLNESS	
SUBSCRIBER NAME				HOSPITAL NAME			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
If patient is covered by another Blue Cross and Blue Shield of Louisiana policy, please give the contract number(s).				This information is true and correct.			
_____ Contract Nos.				_____ Subscriber		_____ Date	