

## **New York State Government Employees** Health Insurance Program

## **HEALTH INSURANCE CLAIM FORM**

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## **INSURANCE FRAUDS PREVENTION ACT**

The following statement is printed pursuant to Regulation 95 of the New York State Insurance Department: "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

## **PLEASE MAIL CLAIMS TO:**

OptumHealth PO Box 5190 Kingston, NY 12402-5190