Standard Life And Casualty Insurance Company
ATTN: Claims Department
PO Box 510690
Salt Lake City, UT 84151-0690
Fax: (801) 538-0392

HHC – STANDARD HOME HEALTH CARE BENEFITS CLAIM FORM

Policyholder Information

Full Legal Name of Policyholder: _____

Policy Number: ___|___|___|___|___|___|___|___|___|___

Date of Birth: _____/_____/_____ **Phone No:** _____ - _____ - _____

Legal Residence Address: _____
Street *City* *State* *Zip*

☐ Standard Home Health Care Benefits Claim

Home Health Care Services Category (mark all received):

- □ Skilled Nursing Care – provided by an RN
- □ General Nursing Care – provided by an LPN, LVN, or licensed visiting nurse
- □ Physical Therapy
- □ Speech Pathology
- □ Occupational Therapy
- □ Chemotherapy Specialist Services
- □ Enterostomal Therapy
- □ Respiration Therapy
- □ Medical Social Services

Please provide with this form a copy of the following:

- Detailed, itemized bill outlining services rendered
- Sales receipt

☐ Home Health Care Aide Benefit Claim

Please provide with this form a copy of the following:

- Bill or EOB from a hospital showing a stay of not less than 3 days prior to receiving HHC aide services
- Detailed, itemized bill outlining services rendered
- Sales receipt

Policyholder Signature	Date Signed

Important Information

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review. Failure to complete all sections may result in a delay in processing this claim.

For information or to check claim status, call 1-800-327-0695.