

Personal Home Care Services - Claim Form

Basic Guidelines for this Form:

- This Claim Form must be submitted to Health Insurance Department (HID);
- Only Caregivers registered with Bermuda Health Council may be reimbursed for this benefit by HID; and only as the level of service provider(s) they are registered for.
- Reimbursement is limited to level of care the HID policyholder is approved for, and not according to caregiver qualifications.
- Benefit does not cover caregiving when policyholder is admitted or in hospital;
- Caregivers are employed by policyholder, not HID.

Policyholder's Name (First Name, Middle Initial, Last Name):	HID Policy ID:	Date of Birth (dd/mm/yyyy):
Provider to be Paid (Agency or Individual Caregiver Name):	Care Provider Name (If different from Provider to be Paid):	

Caregivers can only charge for the services that they are registered for: Personal Caregiver (CG, NA, RN): G0156 Adult Day Care (AD): S5101 (half day or 4hours) Skilled Caregiver (NA, RN): S9122 S5102 (full day) Registered Nurse (RN): S9124	Place of Service: (12) Home (32) Nursing Home (for day care) (33) Rest Home (for day care)
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Date (dd/mm/yyyy)	CPT Code	Start Time	End Time	Total Hours (Full hours only)	Hourly Charge	Charges (Total Hours x Hourly Charge)

I confirm receipt and authorize payment of medical benefits to the undersigned Care Provider for the service(s) described above.

Policyholder or Responsible Person Signature: _____ **Date (dd/mm/yyyy):** _____

By signing below, I confirm that the information I provide on this form is true. By submitting a false claim to the government for payment or making or using a false record or statement in connection with the submission of a false claim, I will be committing an offence and subject to prosecution that can result in **imprisonment for 6 months or a fine of \$2,000 or both.**

Care Provider's Signature: _____ **Date (dd/mm/yyyy):** _____

Mailing Address: Health Insurance Department, P.O. Box HM 2160, Hamilton HM JX

Street Address: Sofia House, 2nd Floor, 48 Church Street, Hamilton HM 12

Phone: 441-295-9210 **Fax:** 441-295-9213 **Website:** www.gov.bm **Email:** hidclaims@gov.bm