



52 Broadway  
New York, NY 10004

# In Hospital Private Duty Nursing Care Claim Form

HIP Subscribers Only

**You Must Attach All Itemized, Paid Bills. ORIGINAL BILLS ONLY.**  
(In-Hospital Private Duty Nursing Care is provided after the first 72 hours of such care.)

**To Be Completed By Member (please print):**

Member's Name: _____	Welfare Fund Alt. ID # or Soc. Sec. #: _____
Address: _____	File #: _____
City, State, Zip: _____	Health Plan: _____
Telephone #: _____	School: _____

**Must Be Completed If Service Was For Dependent:**

Dependent's Name: _____	Dependent's Date of Birth: _____
Relationship to Member: _____	Dependent's Soc. Sec. #: _____
Is spouse/domestic partner covered by another insurance policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, name of insurance company and policy #: \_\_\_\_\_  
(You must also attach a copy of the Explanation of Benefits from that insurance company).

Have you previously submitted any Private Duty Nursing Care claim to the UFT Welfare Fund:  Yes  
 No

**DECLARATION:** To the best of my knowledge, the above information is true and correct and I or my dependent have received the service(s) indicated below. In the event I receive an overpayment of benefits, on my behalf or on behalf of my dependent(s), I am obligated to refund said overpayment to the Fund immediately.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Hospital Information (please print):**

Name of Hospital: _____	Date Confinement Began: _____
Address of Hospital: _____	Date Of Discharge: _____
City, State, Zip: _____	Date P.D.N.C. Began: _____
Total Charges For Private Duty Nursing Care: \$ _____	Date P.D.N.C. Terminated: _____

**\* IMPORTANT REMINDER \***

In order to complete the processing of this claim, the member is required to:

1. Submit a hospital statement substantiating:
  - a. Dates Private Duty Nurse Services were provided,
  - b. Specific Tours of Duty rendered by applicable Private Duty Nurses, e.g. 12:01 A.M. to 8:00 A.M., etc.
  - c. Charges in connection with the above services.

**OR**

2. Submit receipted bills from applicable Private Duty Nurses specifying:
  - a. Dates subject services were provided,
  - b. Tours of Duty covered by receipted bills.

It is essential that all tours of Private Duty Nurses be substantiated by receipted bills specifying the information indicated above. Failure to comply with these requirements will only serve to delay the processing of this claim.