

FUND:

(Mark 'X' in the appropriate box)

NMC	
------------	--

PSEMAS	
---------------	--

MEANS OF SUBMISSION:

(Mark 'X' in the appropriate box)

MEDISWITCH	
-------------------	--

EDI	
------------	--

MANUAL	
---------------	--

FIRST SUBMISSION	YES	NO
-------------------------	-----	----

RESUBMISSION	YES	NO
---------------------	-----	----

CLAIM DETAILS:

DATE SUBMITTED	
BATCH NUMBER	
TOTAL CLAIMS ATTACHED	
CLAIM TOTAL AMOUNT	
SERVICE DATE FROM	
SERVICE DATE TO	

SERVICE PROVIDER DETAILS:

PRACTICE NAME		SERVICE PROVIDER STAMP
PRACTICE NUMBER		
CONTACT PERSON		
TELEPHONE NO.		

(For Office Use Only)

CLAIMS RECEIVED BY: (PRINT NAME AND SIGNATURE)	
--	--