Guardian Group
Guardian Life Limited
20th Anniversary

CLAIM FORM FOR PARTICIPATING PROVIDERS

EB 193

12 Trafalgar Road, Kingston 5, Jamaica W. I.
Tel: (876) 978-4473 Fax: (876) 927-4732
Toll Free: 1-888-633-3287
Website: www.myguardiangroup.com
Guardian HEALTH

NOTE: To be eligible for processing, claims must be submitted within 90 days of being incurred.

PROVIDER NO. ☐☐☐☐☐☐☐

DATE OF SERVICE PROVIDED	MEMBER ID	NAME OF PATIENT	REFERRING DOCTOR'S NAME	DIAGNOSIS / TOOTH #/ PRESCRIPTION #.	PROCEDURE /CODE	TOTAL CHARGEJ$	AMOUNT PAID BY PATIENTJ$	PATIENT'S AUTHORIZATION AND SIGNATURE
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________
DD MM YY	– – / –			.				I hereby authorize the release of any and all information required to review and process this claim. X ________

The contents of this claim form are certified to be a true statement of professional services rendered.

TOTAL: ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐

PROVIDER NAME / STAMP ________________ **Provider's Signature** ________________ **Date** ________

Form # EB.E 0013/00193 03/2010; 03/2014; 03/2015; 11/2016; 11/2017

For Official Use Only: Index byProvider # & Provider's Name