CLAIM FORM FOR MEDICAL BENEFITS

AGVA WELFARE TRUST FUND

363 Seventh Avenue ~ 17th Floor
New York, NY 10001-3904
(212) 627-4820 ~ AGVAUSA.com

PLEASE PRINT LEGIBLY AND RETURN THIS FORM WITH ORIGINAL DOCTOR BILLS* & RECEIPTS
~ALL CLAIMS MUST CONTAIN DIAGNOSIS AND PROCEDURE CODES~

DATE________________________________

LAST NAME____FIRST NAME____

STAGE NAME____

ADDRESS____APT-______________

CITY____________________________________STATE_______________________________ZIP CODE______________

DATE OF BIRTH (mm/dd/yyyy)________/________/____________ SEX (circle to indicate) Female Male

SOCIAL SECURITY #__________-______-__________AGVA MEMBERSHIP #____

PHONE (______)__________-______________CELL(______)__________-______________

EMAIL ADDRESS____

MOST RECENT AGVA PERFORMANCE (Group & Venue) & DATE:____

OTHER HEALTH CARE INSURANCE (name of plan, address, policy & group #s)____________________________
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WAS CONDITION RELATED TO: EMPLOYMENT- yes no AN AUTO ACCIDENT- yes no

PLEASE SIGN WHERE INDICATED BELOW:

I hereby authorize my provider to release information, as necessary, to AGVA Welfare Trust Fund in order to process this claim. I hereby certify that the above statements are complete and accurate to the best of my knowledge. I also agree to reimburse The AGVA Welfare Trust Fund to the extent of any overpayment which is in excess of the amounts payable under the benefit plan.

SIGN HERE (*for ALL claims*):____DATE________________

Sign here to pay provider ____DATE________________

Sign here to pay insured ____DATE________________

WTF ONLY: DED PHCS MULTIPLAN NYCOV NYHOSP EFFDT __________ EXPDT__________ INIT

WTF COMMENTS:
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ANY PERSON WHO KNOWINGLY (AND WITH INTENT TO INJURE) DEFRAUDS OR DECEIVES ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY, BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.

*please note that the doctor's medical credentials must be indicated on his/her submitted bill (ie.: MD, DC)

~ONLY ONE FORM NECESSARY PER MAILING OF MULTIPLE BILLS~