CHIP

Covering Utah's Children

Out-of-Pocket Maximum Claim Form

My out-of-pocket maximum is: $ _____

Parent/Guardian Name: _____

Health and Dental Plan: _____

We have provided this form to help you keep track of your children's medical and dental services. After your out-of-pocket maximum is met, return this form to CHIP (see below). Complete one line for each co-payment or co-insurance you pay. You do not need to submit receipts, but keep them for your records.

You may submit claim forms up to one year after the end of the benefit year in which the expenses occur.

Child's Name	Date of visit or claim	Did you pay this bill? Y/N	Health Care Provider's Name and Mailing Address	Amount of co-pay or co-insurance
			Subtotal on this page:	

Grand Total (for all pages) $_____

Return form to:

CHIP, PO Box 143107, SLC, UT 84114-3107

Fax: 801-538-6952

E-mail: chip@utah.gov

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