



University of Central Arkansas  
201 Donaghey Ave.  
Conway, Arkansas 72035

## GAP CLAIM FORM

**PLEASE RETURN TO HUMAN RESOURCES  
BY MARCH 31 DEADLINE\***

### EMPLOYEE INFORMATION

Employee Name

Banner ID Number

Date of Birth

Street Address

City & State

Telephone #

### PATIENT INFORMATION

Self     Wife/Husband     Child

Patients Name

Date of Birth

Sex

Date of Service

Is this claim the result of a work related illness or injury?     Yes     No  
If yes, please file with workers' compensation carrier first.

**Attach the Explanation of Benefits (EOB) from the insurance carrier.**

#### Please Sign and Date Below:

I certify that all information provided is correct and the claim(s) submitted are for myself or members of my family who are eligible. I authorize release of all information contained on this claim to my plan sponsor.

Signature

Date

\* Annual deadline to file claims is March 31 for previous calendar year's Dates of Service. (For example: March 31, 2011 is deadline to file for services performed in Calendar Year 2010.)