Medical Claim Form



Please use a separate claim form for each patient and provider. Your cooperation in completing all items on the claim form and attaching all required documentation will help expedite quick and accurate processing. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

SECTION 1: PATIENT INFORMATION	TION								
Last name			<mark>First r</mark>	ame					N
Does the patient have other health	insurance coverage?	Relatio	on to subscriber			Sex	Date of birth	I (MM/DD/)	<mark>YYY)</mark>
Yes No	<u> </u>	Se	lf 🗌 Spouse	🗆 Son	Daughter	Male Female			
Name of other health insurance co	mpany	Group no.		Employer	•		Policy no.		
SECTION 2: SUBSCRIBER INFO	ORMATION (on Anthen	n Blue Cross and E	Blue Shield ID ca	ard)					
dentification no.			Group	<mark>no.</mark>					
ast name			First n	ame					N
treet address (please include apt.	no)		City				Ctato 7ID	<mark>codo</mark>	
ireet audress (please include apt.	no. <i>)</i>						State ZIP of	loue	
lome phone no.		Workr	phone no.				Date of birth		<u>/////</u>
une phone no.									
SECTION 3: MEDICAL INFORMA									
Vhere was the service rendered Vas this medical expense the re Vas this condition or injury job r	Medical equipr	nent supplier			ry Other			Yes Yes	No No
Have you filed for Workers' Com								Yes	No
When did this injury or accident	-	1 1	<u> </u>					103	
Date of service	Diagnosis code		Procedure	code		Tax ID		Amour	<mark>it</mark>
							T-(-)		
							Total \$	<mark>0.00</mark>)
BILLS MUST BE ITEMIZED Cancelled checks, cash register	receints and non-iten	nizod "halanco duo	" statements c	annot he nr	ocessed Each i	tomized hill mus	st include:		
Name and address of provi					arged for each s		include.		
(doctor, hospital, laboratory		<mark>)</mark>		Diagnosis (
				Procedure					
Name of patient			/ •						
Service provided				Tax ID					
 Service provided Date of service 			}	Tax ID					
Service provided Date of service certify that, to the best of my k		ation on this Medi	}	Tax ID	correct. I autho	prize the release	e of any medic	al informa	tion
Service provided Date of service certify that, to the best of my k necessary to process this claim		ation on this Medi	<mark>}</mark> ical Claim Form	Tax ID	correct. I auth	prize the release	e of any medic		tion
Service provided			<mark>}</mark> ical Claim Form	Tax ID	correct. I auth	prize the release	-		tion

HOW TO USE THIS FORM

Dear Member:

Usually, all providers of health care will bill us for services to you and your enrolled dependents. This is the preferred procedure. You are not bothered with claim forms and we often need more details than are ordinarily provided on bills to patients.

Sometimes, a physician or an ambulance company may not bill us, for example, they may send the bill directly to you. In either instance, we have no way of knowing about your claim. This Medical Claim Form was developed to notify us of any covered health service for which we have not already been billed. Please read the following instructions about how to report Health Care Services.

We are happy to serve you.

SECTION 1: PATIENT INFORMATION

Use this section to identify the patient.

SECTION 2: SUBSCRIBER INFORMATION (on Anthem Blue Cross and Blue Shield ID card)

Use this section to identify the subscriber. Some of this information may be found on your Anthem Blue Cross and Blue Shield card.

SECTION 3: MEDICAL INFORMATION

HEALTH CARE SERVICES: Use this section to report any COVERED health service that has not already been reported to this Anthem Blue Cross and Blue Shield Plan by the provider of service (the physician, clinical, ambulance company, private duty nurse, etc.) Attach itemized bill or photocopy. Please be sure that duplicate bills are not submitted.

If you have questions or need any assistance, please call the number listed on your Member ID card.

Anthem Blue Cross and Blue Shield is the trade name of In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri/excluding 30 counties in the Kansas City area): Right CHOICE® Managed Care, Inc. (RIT), HealthyAlliance® Life Insurance Company (HAUC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALC and HMO benefits underwritten by HALC and the strain affiliates only provide administrative services forself-funded plans and do not underwrite benefits. In Ohio. Community hums are e Company. In Misconsin: Blue Cross Blue Shield of Wisconsin (BCSW), which underwrites or administers the PPO and indermity policies; and Comparer and BCSW) on Compareand BCSW Compared to Response of the Blue Cross and Blue Shield Association. Compcare Health Services Insurance Comparatory (INHMO policies; and Comparer and BCSW) collectived, which underwrite or Solicies. Independent licensees of the Blue Cross and Blue Shield Association. *ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.