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 INFO	RMATION								
Last name				First name M.I.					
0			Relation to subs			Sex D	ate of l	oirth (MM/DD/	/YYYY)
			Self S		on 🗌 Daughter	🗆 Female			
Name of other health insurance company Group no.				Empl	oyer name	Pi	olicy no).	
SECTION 2: SUBSCRIBER	INFORMATION (on Anthem	n Blue Cros	s and Blue Shie	ld ID card)					
Identification no.				Group no.					
Last name				First name M.I.					
Street address (please include apt. no.)				City			State ZIP code		
							Date of birth (MM/DD/YYYY)		
Home phone no.			Work phone no.			D	ate of l	oirth (MM/DD/	/ΥΥΥΥ)
SECTION 3: MEDICAL INFO	DMATION								
Was this medical expense to Was this condition or injury Have you filed for Workers When did this injury or accord	/ job related?							🗆 Yes	□ No □ No □ No
When did this injury or accident occur? (MM/DD/YYYY) Date of service Diagnosis code			1	Procedure code Tax ID			Amount		
	Didgitosis couc		1100						
					ı	1	Total	\$	
BILLS MUST BE ITEMIZED							L		
Cancelled checks, cash reg	ister receipts and non-iter;	mized "bala	ince due" stater	nents cannot	be processed. Eac	h itemized bill must i	include	:	
Name and address of (dector begritted labor					nt charged for each	I service			
 (doctor, nospital, laboration) Name of patient 	atory, ambulance service, et	LU.)		-	osis code				
• Service provided				• Procedure code					
• Date of service				• Tax ID					
I certify that, to the best o		mation on t	his Medical Clai	m Form is tru	e and correct. I au	thorize the release o	f any n	nedical infor	mation
necessary to process this (claim.		1 .						
Signature			Printed name			In	late (M	M/DD/YYYY)	

X

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.

Please submit the claim to the local Blue Cross Blue Shield Plan

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): RightCHOICE® Managed Care, Inc. (RT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates and infiniates and instrative services for self-funded plans and do not underwrite benefits. In Obio: Community Insurance Company, In Wisconsin. Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Compared. In Company: In Wisconsin. Blue Cross and 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.