

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

Last name		First name		M.I.
Does the patient have other health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relation to subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (MM/DD/YYYY)		Name of other health insurance company		Group no.
Employer name		Policy no.		

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

Identification no.		Group no.		
Last name		First name		M.I.
Street address (please include apt. no.)		City		State ZIP code
Home phone no.		Work phone no.		Date of birth (MM/DD/YYYY)

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.

Where was the service rendered? Physician office Outpatient Inpatient Ambulance
 Medical equipment supplier Pharmacy Laboratory Other

Was this medical expense the result of an accident? Yes No

Was this condition or injury job related? Yes No

Have you filed for Workers' Compensation? Yes No

When did this injury or accident occur? (MM/DD/YYYY) _____

Date of service	Diagnosis code	Procedure code	Tax ID	Amount

Total \$ 0.00

BILLS MUST BE ITEMIZED

Cancelled checks, cash register receipts and non-itemized "balance due" statements cannot be processed. Each itemized bill must include:

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------|
| › Name and address of provider
(doctor, hospital, laboratory, ambulance service, etc.) | › Amount charged for each service |
| › Name of patient | › Diagnosis code |
| › Service provided | › Procedure code |
| › Date of service | › Tax ID |

I certify that, to the best of my knowledge, the information on this Medical Claim Form is true and correct. I authorize the release of any medical information necessary to process this claim.

Signature X	Printed name	Date (MM/DD/YYYY)
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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 and claim form to your local BC/BS .**

See attached list of Local Blue Cross and Blue Shield Mailing Addresses

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. (RIT), HealthyAlliance® Life Insurance Company (HAUC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSW), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSW collectively, which underwrite or administer the POS policies. 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.

Local Blue Cross and Blue Shield Mailing Addresses

Last Update 10/24/2013

State/Alpha Prefix	Claims Filing Address
Alabama	BCBS of Alabama P.O. Box 995 Birmingham, AL 35298
Arkansas	Arkansas BCBS PO Box 2181 Little Rock AR 72203-2181
Arizona	BCBS of Arizona PO Box 2924 Phoenix, AZ 85062-2924
California	BC of California PO Box 60007 Los Angeles, CA 90060-0007
California	Blue Shield of California P. O. Box 1505 Red Bluff, CA 96080-1505
Colorado	Anthem BCBS of Colorado & Nevada P.O. Box 5747 Denver, CO 80217-5747
Connecticut	Anthem BCBS of CT P. O. Box 533 North Haven, CT 06473-0533
D.C.	Carefirst BCBS P.O. Box 14116 Lexington, KY 40512-4116
Delaware	BCBS of Delaware PO Box 8830 Wilmington, DE 19899
Florida	BCBS of Florida Attention: Front End Services P.O. Box 1798 Jacksonville FL 32231
Georgia	Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187
Hawaii	HMSA-- BlueCard Department P.O. Box 2970

	Honolulu, HI 96802
*Idaho	Blue Cross of Idaho P.O. Box 4708 Boise, ID 83707
*Idaho	Regence BlueShield of Idaho P. O. Box 31603 Salt Lake City, UT 84131- 0603
Illinois	BCBS of Illinois P.O. Box 805107 Chicago, IL 60680-4112
Iowa	Wellmark BCBS 636 Grand Avenue, Station 39 Des Moines, IA 50306-9291
Jamaica JAM	FYI: Termination of Blue License for Blue Cross of Jamaica, effective December 31, 2008. For services incurred in Jamaica on or after January 1, 2009, Blue members should use the BlueCard Worldwide® Program.
Kansas	BCBS of Kansas P. O. Box 239 Topeka, KS 66601
Louisiana	BCBS of Louisiana P. O. Box 98029 Baton Rouge, LA 70898- 9029
Maine	Anthem BCBS P. O. Box 533 North Haven, CT 06473-0533
Maryland	Carefirst BCBS P O Box 14115 Lexington, KY 40512-4116
Massachusetts	BCBS of Massachusetts PO Box 986020 Boston, MA 02298
Michigan	BlueCard Claims Department Mail Code B321 600 Lafayette East Detroit, MI 48226-2998
Minnesota	Blue Cross/Blue Plus Claims

	P.O. Box 64338 St. Paul, MN 55164-03380
Mississippi	BCBS of Mississippi P. O. Box 1043 Jackson, MS 39215- 1043
*Missouri	Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187
Montana	BCBS of Montana PO BOX 5004 Great Falls, MT 59403-5004
Nebraska	BCBS of Nebraska P.O. Box 3248 Omaha, NE 68180
Nevada	Anthem BCBS of Colorado & Nevada P. O. Box 5747 Denver, CO 80217-5747
New Hampshire	Anthem BCBS of New Hampshire P.O. Box 533 North Haven, CT 06473
New Jersey	<i>BlueCard Host claims:</i> Horizon BCBS of NJ BlueCard Claims P. O. Box 1301 Neptune, NJ 07754- 1301
New Mexico	BCBS of New Mexico P. O. Box 27630 Albuquerque, NM 87125
*New York	Empire BCBS BlueCard Program P. O. Box 3877 Church Street Station New York, NY 10008- 3877
*New York	All Excellus plans use this mailing address: Excellus BCBS Attn: Claims P.O. Box 22999 Rochester, NY 14692
*New York	All Excellus plans use this mailing address: Excellus BCBS

	Attn: Claims P.O. Box 22999 Rochester, NY 14692
*New York	All Excellus plans use this mailing address: Excellus BCBS Attn: Claims P.O. Box 22999 Rochester, NY 14692
*New York	*The Buffalo office handles the receipt of claims and correspondence for BS Northeastern New York. BCBS of Western New York P.O. Box 80 Buffalo, NY 14240-0080
*New York	BCBS of Western New York P. O. Box 80 Buffalo, NY 14240- 0080
North Carolina	BCBS of North Carolina ATTN: BlueCard 1965 Ivy Creek Blvd P.O. Box 35 Durham, NC 27702
North Dakota	BCBS of North Dakota 4510 13th Ave South Fargo, ND 58121- 0001
Ohio Kentucky Indiana	Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187
Oklahoma	BCBS of Oklahoma Attn: Document Control P. O. Box 3283 Tulsa, OK 74102- 3283
Oregon	Regence BCBS of Oregon P. O. Box 30805 Salt Lake City, UT 84130- 0805
*Pennsylvania	BCNEPA P.O. Box 890179 Camp Hill, PA 17089
*Pennsylvania	Capital Blue Cross (Facility services) P. O. Box 779503 Harrisburg, PA 17177- 9503

*Pennsylvania	Highmark Camp Hill (Professional services) Attn: Document Preparation, Claims Scanning P. O. Box 890062 Camp Hill, PA 17089- 0062
*Pennsylvania	Host ITS Claims - S1 Independence Blue Cross 1901 Market Street Philadelphia, PA 19103 Note: IBC is Host Plan for institutional services only
Puerto Rico	La Cruz Azul de Puerto Rico, Inc. BlueCard Claims P.O. Box 70715 San Juan, Puerto Rico 00936-0175
Puerto Rico	Claims Out of Network - BlueCard Program P. O. Box 363628 San Juan, Puerto Rico 00936- 3628
Rhode Island	BCBS of Rhode Island 500 Exchange Street Providence, RI 02903
South Carolina	BCBS of South Carolina P. O. Box 100300 Columbia, SC 29202
South Dakota	Wellmark BCBS P.O. Box 5023 Sioux Falls, SD 57117
Tennessee	BCBS of Tennessee 1 Cameron Hill Circle Chattanooga, TN 37402
Texas	BCBS of Texas P. O. Box 660044 Dallas, TX 75266- 0044
Utah	Regence BCBSU P. O. Box 30272 Salt Lake City, UT 84130- 0272
Vermont	BCBSVT Attn: BlueCard Department P. O. Box 186 Montpelier, VT 05601- 0186
Virginia	Anthem BCBS

	P. O. Box 27401 Richmond, VA 23279
Virgin Islands	BCBS of U. S. Virgin Islands P. O. Box 8470 St. Thomas, Virgin Islands 00801
*Washington	Premera Blue Cross (WA/AK) P. O. Box 91059 Seattle, WA 98111-9159
*Washington	Regence Blue Shield P. O. Box 30271 Salt Lake City, UT 84130-0271
*Washington	Regence Group Administrators Attn: Claims P. O. Box 52890 Bellevue, WA 98015-2890
West Virginia	Highmark BCBS of WV P.O. Box 7026 Wheeling, WV 26003
Wisconsin	Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187
Wyoming	BCBS of Wyoming Attn: Sherry Fierro P. O. Box 2266 Cheyenne, WY 82003