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		<mark>First n</mark>	<mark>ame</mark>						N
Does the patient have other health insura	nce coverage?	Relation to subscriber			Sex	Dateof	birth(MM/	DD/YYYY	⊥)
Yes No		Self Spouse	🗌 Son	Daughter	☐ Male ☐ Female				
Name of other health insurance company	Group no.		Employer r	name		Policy no			
SECTION 2: SUBSCRIBER INFORMA	FION (on Anthem Blue Cro		<u> </u>						
dentification no.		Group	no.						
Last name		First n	200						М
			aille						
Street address (please include apt. no.)		City				State	ZIP code		
Home phone no.		Work phone no.				Date of b	oirth (MM/	DD/YYYY)
SECTION 3: MEDICAL INFORMATION									
Plan by the provider of service (the p duplicate bills are not submitted. Where was the service rendered?	Physician office Ou	tpatient Inpatient	Ambula			0.000pj1			
	Medical equipment supp		Laborato						
Was this medical expense the result of									
Was this condition or injury job related									
Have you filed for Workers' Compensa	1	· · · · · · · · · · · · · · · · · · ·	<mark></mark> 1	•••••	••••••	•••••	Ye	<mark>es No</mark>	
When did this injury or accident occur					T 10				
Date of service	Diagnosis code	Procedure	code		Tax ID		Ar	nount	
BILLS MUST BE ITEMIZED						Total	<mark>\$</mark>	<mark>0.00</mark>	
Cancelled checks, cash register receip	ots and non-itemized "bala	ance due" statements ca	annot be pro	ocessed. Each i	itemized bill mus	<mark>t include:</mark>			
Name and address of provider) A	mount cha	rged for each	service				
(doctor, hospital, laboratory, ambu Name of patient	lance service, etc.))iagnosis c						
Service provided			Procedure o	code					
Date of service		<mark>}</mark>	Tax ID						
I certify that, to the best of my knowle necessary to process this claim.	dge, the information on t	his Medical Claim Form	is true and	correct. I auth	orize the release	of any m	edical info	ormation	
Signature		Printed name				Date (M	M/DD/YYY	<mark>Y)</mark>	-
X									
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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.

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 and the strain affiliates only provide administer the Compared in HMMO policies; and Comparer and BCSW Collectived, which underwrite or Devices 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.