Out-of-Network Behavioral Health





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	First Name			M.I.	Date of Birth		
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Does the patient have other health insurance coverage?		Relation to subscriber				_		. — .	
☐ Yes ☐ No		+	Self Spouse Spou				☐ Male ☐ Female		
Name of other health insurance	company	Employer Name			Group r	10.	Policy no.		
SECTION 2: SUBSCRI	REP INFORMATION	l (on Amerië	Sen/Anther	m ID ca	rd)				
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Street Address				City			State	Zip	
Street Address				City			State	Zip	
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Home Phone no.	hone no.			Date of Birth (DD/M		·M/YYYY)			
SECTION 3: MEDICAL									
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HOW TO USE THIS FORM

If a behavioral health provider opts to bill you for services rendered, rather than submit a claim to the network on your behalf, please use the attached Out of Network Behavioral Health Claim Reimbursement form to notify us.

If you need any assistance completing this form, please contact AmeriBen Customer Care at **888-235-4713.**

SECTION 1: PATIENT INFORMATION

Use this section to identify the patient.

SECTION 2: SUBSCRIBER INFORMATION

Use this section to identify the subscriber. This information may be found on your ID card.

SECTION 3: MEDICAL INFORMATION

Use this section to report any COVERED behavioral health service that has not already been reported to Anthem Blue Cross and Blue Shield by the provider of service. Attach itemized bill or photocopy. Please be sure that duplicate bills are not submitted.

The provider's billing office should assist in supplying codes to help complete this section of the reimbursement form:

- Diagnosis code
- Procedure code
- Tax Identification Number

The completed claim form and supporting documentation can be submitted to Ameriben by:

Mail: AmeriBen

ATTN: Client Services,

PO Box 7186 Boise, ID 83707

Fax: 208-955-1415

Upload: Access your member profile at <u>www.MyAmeriBen.com</u> and upload to your forms.

If you need any assistance in completing this form, please contact AmeriBen Customer Care at 888-235-4713.