Member Reimbursement Form

If a provider opts to bill you for services rendered rather than submit a claim to the network on your behalf, the attached form will be required to accompany the information the provider has given to you for payment.

The provider's billing office should assist in supplying codes to help with your reimbursement form, specifically for Section 3. There are two types of codes you will need to have:

- A diagnosis code – this is a code describing the diagnosis for services,
- A CPT/Procedure code – this is code for the treatment services rendered (procedure), such as an exam or x-ray.

Providers also have a two different ID#'s you will need:

- A Tax Identification Number (Tax ID) - This must be on the claim form or itemization.
- A National Provider Identifier (NPI) Number – This may not be on the itemization, but they should be able to provide to you with ease.

The reimbursement form along with the above information (noted on a provider billing form or provider statement) needs to be mailed to:

Anthem
P.O. Box 60007
Los Angeles, CA 90060

Checklist

- ☐ Reimbursement Form - Each family member and provider need their own form Reimbursement Form.

- ☐ Itemized billing statement that includes:
  - ☐ Patient Name
  - ☐ Date(s) of Service
  - ☐ Diagnosis
  - ☐ CPT/Procedure code(s) with billed amounts on each
  - ☐ Tax ID
  - ☐ NPI

  The itemized statement must also match the information listed on the claim form. If the NPI is not on the itemization, that's okay, you will need to add it to the itemization or the claim form.

If you need any assistance in completing this form, please contact our Customer Care Center at **833-951-1364**.

Medical Claim Form

Anthem

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? ☐ Yes ☐ No	Relation to subscriber ☐ Self ☐ Spouse ☐ Son ☐ Daughter	Sex ☐ Male ☐ 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 ID card)

Identification no. (include prefix)	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 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.)
- Name of patient
- Service provided
- Date of service
- Amount charged for each service
- Diagnosis code
- Procedure code
- 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	Printed name	Date (MM/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 ID card)

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

Medical Claim Form instructions:

Please send claims to:
Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

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