

**INSTRUCTIONS TO COMPLETE ANTHEM BLUE CROSS BLUE SHIELD OF
ILLINOIS CLAIM FORM**

ID AND GROUP NUMBER: May be found on the front of your insurance card

PATIENT INFORMATION: Patient is person who received medical/mental health services

PAYEE: Patients who receive services at Jill Adams NP, LLC designate “Make payment to member” (member is the patient because the patient already paid for services)

MEMBER INFORMATION: Member is the policy holder or person responsible for paying health insurance. For example, if the Wife is the Patient and her health insurance is covered under her Husband's work benefits, then the Husband is the Member.

CLAIM INFORMATION: This section is for patients who have suffered an injury and related to workers compensation. If you have not suffered a work related injury, then mark “NO”

OTHER INSURANCE INFORMATION: This section is to be completed only if there is OTHER medical benefits available to you (other than Blue Cross Blue Shield), your spouse or your dependents. If you do not have any other insurance or related coverage, then mark “NO” and skip the rest of this section.

SIGNATURE REQUIRED WITH DATE: Although it says “Member Signature” Patient's signature is fine.

WE RECOMMEND YOU REVIEW “FILING CLAIMS” FORM ATTACHED.

MAIL CLAIM FORM AND OFFICE VISIT RECEIPT TO ADDRESS AT THE TOP OF THE CLAIM FORM (Be certain you downloaded the correct insurance claim form-Blue Cross Blue Shield of Illinois and not Blue Cross Blue Shield of Indiana, as they are different).

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
P.O.BOX 805107
CHICAGO, IL 60680-4112**

IF YOU HAVE ANY QUESTIONS REGARDING COMPLETION OF THE CLAIM FORM, YOU MAY CALL THE 800 NUMBER (MEMBER SERVICES) ON YOUR INSURANCE CARD.