

INSTRUCTIONS TO COMPLETE ANTHEM BLUE CROSS OF INDIANA CLAIM FORM

SECTION A

SECTIONS 1-5 ALL PATIENT INFORMATION (person seeking medical treatment)

SECTIONS 6-10 SUBSCRIBER IS PERSON RESPONSIBLE FOR PAYING HEALTH INSURANCE. For example, if Wife is the Patient and she is covered under Husband's Health Insurance benefits, then Husband is classified as the "Subscriber."

SECTIONS 11-12 ID number and Group number can be found on your insurance card.

SECTION B

SECTION 13 JOB RELATED ILLNESS? Is the patient seeking medical/mental health services due to a work related issue? (stress, harassment, discrimination, etc.).

SECTION 14 ACCIDENT OR INJURY CAUSED BY ANOTHER PARTY?

SECTION 15 OTHER MEDICAL COVERAGE? Does the Patient have any other medical coverage (Medicare, Medicaid or secondary insurance)?

SECTION 16 SELF EXPLANATORY

SECTION 17 ELIGIBILITY BENEFITS ARE LISTED ON MEDICARE CARD

SECTION 18 ILLNESS OR SYMTOMS? Reason patient sought medical/mental health services For example, has had symptoms of depression for 2-3 months.

SECTION 19 PROVIDER NAME? If patient received services from this office, provider is Jill Adams NP, LLC

SECTION 20 HOSPITAL FACILITY? "NO" Jill Adams NP, LLC & Associates is not a Hospital

SECTION 21-22 BEST CONTACT PERSON? Person available to answer questions insurance company may have regarding patient's claim (usually the patient or person completing insurance claim form).

SECTION C

SECTION 23 DATE OF SERVICE: The date, month and year the patient seen the Health Care Provider

SECTION 24 PLACE OF SERVICE: “O” for Outpatient Office

SECTION 25 TOTAL CHARGE FOR SERVICE: Located on Patient's Office Visit Receipt

SECTION 26 DESCRIBE SERVICE RECEIVED: Example: Office Visit follow-up appointment for medication.

Or if appointment was Patient's first visit, then service is for Psychiatric Evaluation and Assessment

SECTION 27 TOTAL CHARGE PATIENT SEEKING FOR REIMBURSEMENT: Amount listed on Patient's Office Visit Receipt

SECTIONS 28-30 Requires signature and date

MAIL CLAIM FORM AND RECEIPT OF OFFICE VISIT TO THE ADDRESS AT THE TOP OF THE CLAIM FORM ONLY FOR MEMBERS OF BLUE CROSS BLUE SHIELD OF INDIANA (Blue Cross Blue Shield of Illinois members different)

ANTHEM

P.O.BOX 105187

ATLANTA, GA 30348-5187

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