Blue Advantage
A Medicare Approved PPO

MEDICAL EXPENSE CLAIM

FILL OUT A SEPARATE FORM FOR EACH PATIENT.
Use this form to file a claim for any eligible medical expenses when your physician or other provider does not file a claim. Please **print** clearly with black ink or **type**.

1. Patient's Name (only one Patient per form)

Last Name		First Name	Middle Name
Street Address			
City	State	Zip	Daytime Telephone

2. Contract Number as shown on your I.D. Card (include any letters, if applicable)	**3. Group Number** (as shown on I.D. Card) **or Place of employment**

4. Patient's Date of Birth | **5. Patient's Gender** **Male** **Female**

6. Is patient covered under any other group health insurance plan? (including any other Blue Cross and Blue Shield coverage).

YES **NO** If yes, complete the following:

Name of Policy Holder

Last Name	First Name	Middle Name
Name and Address of Insuring Company		
I.D. Number	Policy Effective Date	

7. Was condition related to:				(If **yes**, give date of accident or onset of illness):
	A. Patient's Employment	**YES**	**NO**	
	B. Auto Accident	**YES**	**NO**	
	C. Other Accident/Injury	**YES**	**NO**	

8. Diagnoses (type of illness or injury)

9. Ordering Physician

Last Name			First Name
Street Address			
City	State	Zip	Phone

INSTRUCTIONS: Attach the original bill or statement from the physician or supplier and **keep a copy for your records**.
Make sure the bill contains all required information (see back of form for required information). Sign this form.

I, the undersigned, furnished the above information to enable to consider this claim for payment, and I certify that such information is true and correct and that the expenses were incurred by the above named patient. **I understand that any payment will be made to me**.

Signature	Date

MBG438-1910

SEE BACK OF CLAIM FORM FOR EASY CLAIM FILING INSTRUCTIONS

FILING YOUR CLAIM IS EASY

1. Fill out the Medical Expense Claim form (include all requested information).

2. Attach the bill (or clear copy of the bill) to this form.

Your bill should include the following information: (do not attach a balance forward bill)

- Patient's full name.
- Date of treatment.
- A description of the treatment provided (i. e. office visit, x-ray, surgery etc.)
- A diagnosis (type of illness or injury).
- Charge for each treatment.
- Place of treatment (i.e. doctor's office, hospital, one day surgery clinic, etc.)
- Date of accident (if applicable).
- Any Medical Equipment and/or supplies purchased. (Supply the invoice and be sure to complete box 9, Ordering Physician, on the front of this form.)

Note: The above information is usually provided on an itemized bill from the provider.)

Members can mail the completed claim to:
Blue Cross and Blue Shield of Alabama **Attention: Blue Advantage** **450 Riverchase Parkway East** **Birmingham, Alabama 35244**

Blue Advantage (PPO) is a Medicare-approved PPO plan. Enrollment in Blue Advantage (PPO) depends on CMS contract renewal. Blue Advantage (PPO) is provided by Blue Cross and Blue Shield of Alabama, an Independent Licensee of the Blue Cross and Blue Shield Association.