

INSTRUCTIONS

THIS FORM IS TO BE USED TO SUBMIT A CLAIM FOR SERVICES UNDER YOUR HEALTH PLAN. TO AVOID HAVING YOUR CLAIM RETURNED:

- ✓ PREPARE A **SEPARATE CLAIM FORM** FOR EACH FAMILY MEMBER.
- ✓ COMPLETE **ALL OF THE INFORMATION REQUESTED** IN ITEMS 1 THRU 18.
- ✓ IF YOU PREFER THAT **BENEFITS BE PAID TO THE PROVIDER OF SERVICE BE SURE TO COMPLETE THE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS ON THE FRONT.** CAREFIRST BLUECROSS BLUESHIELD RESERVES THE RIGHT TO MAKE PAYMENT DIRECTLY TO THE SUBSCRIBER AND TO REFUSE TO HONOR THE ASSIGNMENT OF ANY CLAIM TO ANY PERSON OR PARTY.

EACH PROVIDER'S ORIGINAL ITEMIZED BILL MUST BE ATTACHED AND CONTAIN:

- ✓ THE LETTERHEAD INDICATING THE NAME AND ADDRESS OF THE PERSON OR ORGANIZATION PROVIDING THE SERVICE
- ✓ THE DATE FOR EACH INDIVIDUAL SERVICE (A RANGE OF DATES CANNOT BE ACCEPTED)
- ✓ THE CHARGE FOR EACH INDIVIDUAL SERVICE
- ✓ A DESCRIPTION OF EACH SERVICE
- ✓ THE NAME OF THE PATIENT RECEIVING THE SERVICE

ON EACH BILL, PLEASE CROSS OUT ANY CHARGES THAT WERE INCLUDED ON A PREVIOUS CLAIM. PERSONAL ITEMIZATIONS, CASH REGISTER RECEIPTS, CREDIT CARD RECEIPTS AND CANCELLED CHECKS ARE NOT ACCEPTABLE. ITEMIZED BILLS CANNOT BE RETURNED.

IN ADDITION TO THE ABOVE REQUIREMENTS, THE FOLLOWING INFORMATION WILL BE NEEDED:

ACCIDENTAL INJURY - STATEMENTS MUST CONTAIN DETAILS AS TO WHEN, WHERE AND THE MANNER IN WHICH THE INJURY OCCURRED, AS WELL AS THE NAME AND ADDRESS OF THE PARTY AT FAULT.

PRESCRIPTION DRUGS - BILLS MUST INCLUDE THE PRESCRIPTION NUMBER, THE NAME OF THE DRUG AND THE NAME OF THE PHYSICIAN PRESCRIBING THE MEDICATION.

PRIVATE DUTY NURSING - BILLS MUST INCLUDE THE SHIFT WORKED, THE CHARGE PER HOUR, THE NUMBER OF HOURS WORKED, THE NURSE'S PROFESSIONAL STATUS, PROFESSIONAL LICENSE NUMBER AND FAMILY RELATIONSHIP TO THE PATIENT, IF ANY. A STATEMENT FROM THE ATTENDING PHYSICIAN MUST ACCOMPANY THE CLAIM. THE STATEMENT SHOULD EXPLAIN THE MEDICAL NECESSITY OF THE SERVICE AND THE AUTHORIZATION FOR IT.

PROSTHETIC APPLIANCES AND THE RENTAL OR PURCHASE OF DURABLE MEDICAL EQUIPMENT - A STATEMENT FROM THE ATTENDING PHYSICIAN MUST ACCOMPANY THE CLAIM. THE STATEMENT SHOULD EXPLAIN THE MEDICAL NECESSITY OF THE EQUIPMENT AND THE PHYSICIAN'S AUTHORIZATION FOR IT.

PSYCHOTHERAPY - BILLS MUST INCLUDE THE LENGTH OF THE SESSION, THE TYPE OF SESSION AND THE PROVIDER'S PROFESSIONAL STATUS. IF THE PROVIDER IS OTHER THAN A MEDICAL DOCTOR, THE PROVIDER'S PROFESSIONAL LICENSE NUMBER MUST ALSO BE GIVEN.

FOR PATIENTS COVERED BY ANOTHER INSURANCE CARRIER OR MEDICARE - IF THE PATIENT IS CLAIMING BENEFITS FOR ANY CHARGES THAT ARE ELIGIBLE FOR BENEFITS UNDER ANY OTHER HEALTH INSURANCE POLICY OR MEDICARE PART A AND/OR PART B, THE EXPLANATION OF BENEFITS FORM FURNISHED BY THE OTHER CARRIER PERTAINING TO THESE CHARGES MUST BE INCLUDED WITH THE ITEMIZED BILLS. A CLEAR PHOTOCOPY OF THE OTHER CARRIER'S EXPLANATION OF BENEFITS FORM IS ACCEPTABLE IN PLACE OF THE ORIGINAL DOCUMENT.

FOR SERVICE RECEIVED OUTSIDE THE CAREFIRST BLUECROSS BLUESHIELD SERVICE AREA (MARYLAND, WASHINGTON DC AND NORTHERN VIRGINIA) THE CLAIM FORM AND ALL RELATED MATERIALS SHOULD BE SUBMITTED TO YOUR LOCAL BLUE CROSS AND BLUE SHIELD PLAN.

PLEASE REFER TO THE FOLLOWING PAGES FOR A LISTING OF THE LOCAL BLUES PLANS IN YOUR AREA.

BEFORE SUBMITTING YOUR CLAIM, PLEASE BE SURE THAT:

1. THE CLAIM FORM IS FULLY COMPLETED AND SIGNED.
2. THE ITEMIZED BILLS ARE ATTACHED.
3. YOU HAVE KEPT COPIES OF EACH DOCUMENT AND BILL FOR YOUR PERSONAL RECORDS

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117



When submitting claims for service from a non-participating provider received outside of the CareFirst BlueCross BlueShield service area (Maryland, Washington DC and northern Virginia) you must send your completed claim form to your local Blue Cross and Blue Shield plan. You must include your 3 digit prefix and your member ID number when submitting your claim.

For the appropriate address of your local plan, please refer to the directory below.

ALABAMA

Blue Cross and Blue Shield of Alabama

Attn: Jim Deane
450 Riverchase Parkway East
Birmingham, AL 35244

ALASKA

Premera Blue Cross

P.O. Box 91080
Seattle, WA 98111

ARIZONA

Blue Cross and Blue Shield of Arizona

P.O. Box 2924
Phoenix, Arizona 85062-2924

ARKANSAS

Arkansas Blue Cross and Blue Shield

P.O. Box 2181
Little Rock, AR 72203

CALIFORNIA

Blue Cross of California

P.O. Box 60007
Los Angeles, CA 90060-0007

CALIFORNIA

Blue Shield of California

P.O. Box 1505
Red Bluff, CA 96080-1505

COLORADO

Anthem Blue Cross and Blue Shield

P.O. Box 5747
Denver, CO 80217-5747

CONNECTICUT

Anthem Blue Cross and Blue Shield

P.O. Box 533
North Haven, CT 06473-0533

DELAWARE

Blue Cross Blue Shield of Delaware

P.O. Box 8831
Wilmington, DE 19899-8831

DISTRICT OF COLUMBIA

CareFirst BlueCross BlueShield

Mail Administrator
P.O. Box 14116
Lexington, KY 40512-4116

FLORIDA

Blue Cross and Blue Shield of Florida

Attn: Deb Rosendale
4800 Deerwood Campus Parkway
Dcc 200 3rd floor
Jacksonville FL, 32246

GEORGIA

Blue Cross and Blue Shield of Georgia

P.O. Box 9907
Columbus, GA 31904

HAWAII

Blue Cross and Blue Shield of Hawaii

HMSA--BlueCard Department
Attn: Misrouted Claims
P.O. Box 2970
Honolulu, HI 96802

IDAHO

Blue Cross of Idaho Health Service

Attn: ITS BlueCard Department
3000 E. Pine Ave
Meridian, ID 83642

IDAHO

Regence BlueShield of Idaho

P.O. Box 31603
Salt Lake City, UT 84131-0603

ILLINOIS

Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, IL 60680-4112

INDIANA

Anthem Blue Cross and Blue Shield Indiana
Anthem Document Management
P.O.Box 31780
Louisville, KY 40233

IOWA

Wellmark Blue Cross and Blue Shield
636 Grand Avenue, Station 39
Des Moines, Iowa 50309

JAMAICA

Blue Cross of Jamaica
The BlueCard Unit
Claims Department
85 Hope Road, Kingston 6
Jamaica, West Indies

KANSAS

Blue Cross and Blue Shield of Kansas
1133 SW Topeka Boulevard
P.O. Box 239
Topeka, KS 66629-0001

KENTUCKY

Anthem Blue Cross and Blue Shield
Anthem Document Management
P.O.Box 31780
Louisville, KY 40233

LOUISIANA

Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029

MAINE

Anthem Blue Cross and Blue Shield
Anthem Blue Cross and Blue Shield
P.O. Box 533
North Haven, CT 06473

MARYLAND

CareFirst BlueCross BlueShield
Mail Administrator
P.O. Box 14116
Lexington, KY 40512-4116

MASSACHUSETTS

Blue Cross and Blue Shield of MA
Attn:BlueCard Claims Department
P.O. Box 986025
Boston, MA 02298

MINNESOTA

Blue Cross and Blue Shield of Minnesota
Route S201
P.O. Box 64560
St. Paul, MN 55164-0560

MISSISSIPPI

Blue Cross and Blue Shield of Mississippi
P.O. Box 1043
Jackson, MS 39215-1043

MISSOURI

Blue Cross and Blue Shield of Kansas City
Attn: NASCO Unit
P.O. Box 419016
Kansas City, MO 64141-6016

MISSOURI

Blue Cross and Blue Shield of Missouri
1831 Chestnut Street
St. Louis, MO 63103

MONTANA

Blue Cross and Blue Shield of Montana
P.O. Box 5004
Great Falls, MT 59405

NEBRASKA

Blue Cross and Blue Shield of Nebraska
7261 Mercy Road
Omaha, NE 68180-0001

NEVADA

Anthem Blue Cross and Blue Shield
P.O. Box 5747
Denver, CO 80217-5747

NEW HAMPSHIRE

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-00001

NEW JERSEY

Horizon Blue Cross and Blue Shield
BlueCard Claims
P.O. Box 1301
Neptune, NJ 07754-1301

NEW MEXICO

New Mexico Blue Cross and Blue Shield
Blue Cross Blue Shield of New Mexico
P. O. Box 27630
Albuquerque, New Mexico 87125

NEW YORK**BlueCross and BlueShield of Central NY**

Excellus BCBS
344 South Warren St
P.O. Box 4979
Syracuse, NY 13221

NEW YORK**BlueCross BlueShield of the Rochester Area**

Excellus BCBS
Attn: Claims
165 Court St
Rochester, NY 14647

NEW YORK**Blue Cross and Blue Shield of Utica- Watertown**

Excellus BCBS-Utica Division
Attn: Claims receivable Unit
12 Rhoads Dr.
Utica, NY 13502

NEW YORK**Empire Blue Cross and Blue Shield**

BlueCard Program
P.O. Box 3877
Church Street Station
New York, NY 10008-3877

NEW YORK**Blue Cross and Blue Shield of Western NY**

BlueCross BlueShield of Western New York
P.O. Box 80
Buffalo, New York 14240-0080

NEW YORK**Blue Shield of Northeastern New York**

P.O. Box 80
Buffalo, New York 14240-0080

NORTH CAROLINA**Blue Cross and Blue Shield of North Carolina**

Attn: BlueCard
P.O. Box 35
Durham, NC 27702

NORTH DAKOTA**BlueCross BlueShield North Dakota**

4510 13th Ave S
Fargo, ND 58121-0001

OHIO**Anthem Blue Cross and Blue Shield**

Anthem Document Management
P.O. Box 31780
Louisville, KY 40233

OKLAHOMA**Blue Cross and Blue Shield of Oklahoma**

BCBS of Oklahoma
Attn: Document Control
P.O. Box 3283
Tulsa, OK 74102-3283

OREGON**Regence BlueCross BlueShield of Oregon**

P.O. Box 30805
Salt Lake City, UT 84130-0805

PENNSYLVANIA**Blue Cross of Northeastern Pennsylvania**

Attn: Michelle Holzman, Supervisor ITS Claims
19 North Main St.
Wilkes-Barre, PA 17801

PENNSYLVANIA**Capital Blue Cross**

P.O. Box 779503
Harrisburg, PA 17177-9503

PENNSYLVANIA**Highmark Blue Cross and Blue Shield**

Attn: Document Preparation, Claims Scanning
P.O. Box 890062
Camp Hill, PA 17089-0062

PENNSYLVANIA**Independence Blue Cross**

1901 Market St.
Attn: Host ITS Area C3
Philadelphia, PA 19103

PUERTO RICO**La Cruz Azul de Puerto Rico**

BlueCard Department
P.O. Box 366068
San Juan, PR 00936-6068

RHODE ISLAND**Blue Cross and Blue Shield of Rhode Island**

444 Westminster St
Providence, RI 02903
Attn: Mail Support Services

SOUTH CAROLINA**Blue Cross and Blue Shield of South Carolina**

P.O. Box 100300
Columbia, SC 29202

SOUTH DAKOTA**Wellmark Blue Cross and Blue Shield**

636 Grand Avenue, Station 39
Des Moines, Iowa 50309

TENNESSEE

Blue Cross and Blue Shield of Tennessee
BlueCross BlueShield of Tennessee
P.O. Box 180150
Chattanooga, TN 37402

TEXAS

Blue Cross and Blue Shield of Texas
Blue Cross Blue Shield of Texas
P.O. Box 660044
Dallas, Texas 75266-0044

U.S. VIRGIN ISLANDS

**Blue Cross and Blue Shield of the
U.S. Virgin Islands**
P.O. Box 8470
St Thomas, VI 00801

UTAH

Regence BlueCross BlueShield
P.O. Box 30270
Salt Lake City, UT 84130-0270

VERMONT

Blue Cross and Blue Shield of Vermont
Attn: BlueCard Department
P.O. Box 186
Montpelier VT 05601-0186

VIRGINIA

Anthem Blue Cross and Blue Shield
P.O. Box 27401
Richmond, VA 23279

WASHINGTON

Premera Blue Cross
P.O. Box 91080
Seattle, WA 98111

WASHINGTON

Regence BlueShield
P.O. Box 21267
Seattle, WA 98111

WEST VIRGINIA

Mountain State Blue Cross and Blue Shield
BlueCard Unit
Attn: Pam Uchanski
45 20th Street
Wheeling, WV 26003

WISCONSIN

Blue Cross Blue Shield of Wisconsin
P.O. Box 2270
Fond du Lac, WI 54936-2270

WYOMING

Blue Cross and Blue Shield of Wyoming
Attn: Sherry Fierro
P.O. Box 2266
Cheyenne, WY 82003