Claim Form — Flu Shot Only

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

One patient and one provider per claim form, please.
See reverse side for claim filing instructions.

PLEASE PRINT

1. Subscriber number	2. Group number	3. Patient name (last, first, initial)	4. Patient birthdate ____/____/____ Month Day Year

5. Patient sex ☐ Male ☐ Female	6. Patient relationship to subscriber ☐ Self ☐ Spouse ☐ Child ☐ Other	7. Subscriber name (last, first, initial)

8. Subscriber address (street, city, state, ZIP)

9. Is patient covered by any other Group health benefit plan? ☐ Yes ☐ No If no, go to question 10	9a. Name of policyholder

9b. Name and address of insurance company	9c. Policy number

10. Name of flu shot clinic that rendered the service	11. Date of service ____/____/____	12. Charge for service. **Please attach a copy of your receipt as proof of payment.** $______________

13. Who may we contact if we have questions?

Name ____ Phone number ( ) __________________

14. I certify to the accuracy and completeness of all information reported by me on this form, and authorize the release of any medical information necessary to process this claim.

Signature____ Date_____/_____/_____

Please ensure that all fields are completed in full, and that this form is signed and dated. An incomplete form may delay the processing of your claim. Services other than flu vaccine must be submitted on a separate claim form.

For Wellpoint / Source Corp use only
Dignosis code: V04.81
Place of service code: 22
*Procedure code: __________ 90656 Flu vaccine, age 3+ years WGS/STAR Provider Tax ID: 84-2229999

82160-Flu (Rev. 5/07)

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Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc.
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How to File Your Claim

Be sure to ask your provider of care if he/she bills a statement to Anthem Blue Cross and Blue Shield. Please submit statements only if the provider does not bill us directly. To receive benefits for RX, or for services by a provider who does not bill us directly, complete the claim form, attach itemized bills, proof of payment (if applicable) and mail the white copy to Anthem Blue Cross and Blue Shield, P.O. Box 5747, Denver, Colorado 80217-5747.

Keep a duplicate copy of your itemized bills and proof of payment as they will not be returned to you. This claim may be returned to you if all required information is not present.

Claim filing instructions

(Corresponds to numbered items on claim form)

A separate claim form for each family member and each provider of care must be submitted.

Item number

1–8 Please complete all blocks. All fields required.

9-9c Appropriate responses to these questions will ensure expedient and proper handling of your claim.

10 Indicate the name of the flu clinic that rendered the service.

11 The date the flu shot was administered.

12 Indicate the total charge for the flu shot.

13 Name and telephone number; whoever can help us if additional information is required.

14 Your signature attests to the accuracy and completeness of all information on the claim and the attachments and authorizes the release of your medical records by the provider to our office if necessary.

Required information

Itemized Bills: Summarizing the services may help us better understand the attachments if they are not clear. The attached itemized bills must include the provider name, patient's name, date of service, detailed description of service, and amount charged for that service. These must be valid documents from the provider.

Helpful hints

- If you have questions or need assistance, contact Anthem Blue Cross and Blue Shield Customer Service.
- To reduce the possibility of small billings getting lost or separated, it would be helpful if you attach these to an 8 1/2x11 piece of paper.
- We encourage you to file claims within 90 days of the service date. Please refer to your Benefit Certificate for specific timely filing limitations.
- File only if the provider has not.

Important: If the services for this claim were provided by a participating physician or hospital, the benefit payment will go to the provider.

A complete description of your benefits, as well as limitations and exclusions applicable thereto, is available in the Benefit Certificate. Final interpretation of any and all provisions of the program is governed by the Benefit Certificate.