

WHEN SHOULD YOU USE THIS FORM?

This form is designed to help you file itemized medical bills for you or an enrolled family member. You should not submit this form if your healthcare provider has filed a claim for you. Retain your receipt for your records.

PLEASE REVIEW YOUR MEDICAL BILLS AND FILE CLAIMS AT LEAST ONCE A MONTH TO ENSURE THE TIME-LY PROCESSING OF YOUR CLAIMS.

CLAIMS FILING INSTRUCTIONS

1 Gather All Your Itemized Medical Bills

2 Separate Your Bills For Each Family Member

3 Complete a Separate Claim Form For Each Family Member

- Attach **Itemized Medical Bills** for the patient named on the form. Each itemized bill must include the patient's name; the healthcare provider's name and address; the date of each service; descriptions and charge for each service.
- If you are covered under any other health insurance or under Medicare, you must attach a copy of the Explanation of Benefits indicating their payment.

DID YOU

- **** USE A SEPARATE CLAIM FORM FOR EACH FAMILY MEMBER?
- **** COMPLETE EACH SECTION OF THE CLAIM FORM ENTIRELY?
- **** COPY YOUR IDENTIFICATION NUMBER DIRECTLY FROM YOUR ID CARD?
- **** ATTACH THE ORIGINAL ITEMIZED BILL(S) FROM THE PROVIDER THAT DESCRIBES ALL SERVICES RENDERED AND INCLUDES DATES OF SERVICE AND CHARGES?
- **** KEEP A COPY FOR YOUR RECORDS?

Please forward your completed form to:

Blue Cross & Blue Shield of Mississippi
P. O. Box 23071
Jackson, Mississippi 39225-3071

For further information or additional copies of this form, please contact our Customer Service Department. (1-800-709-7881)

Claims Administered by:



**BlueCross BlueShield
of Mississippi**

Committed to a Healthier Mississippi.