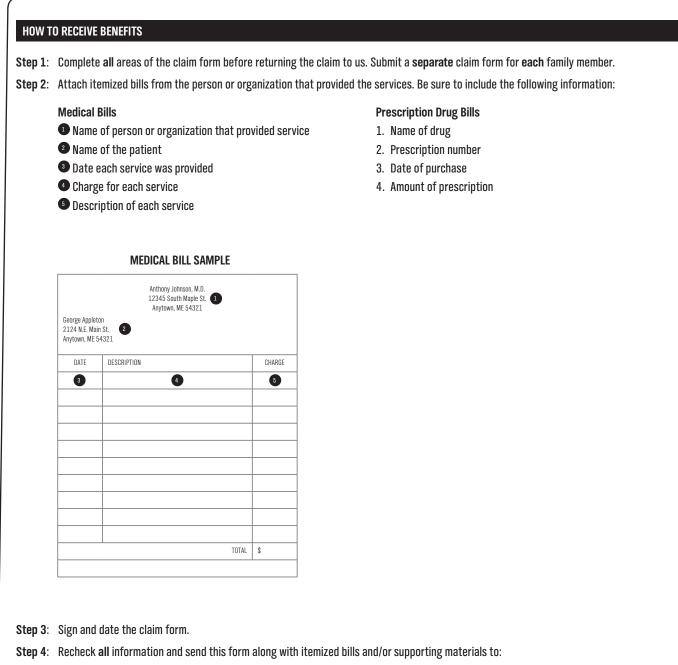
Claim Form



INSTRUCTIONS: Please complete the entire form and return it to Anthem Blue Cross and Blue Shield at the address provided. See page 2 for complete instructions on how to file your claim.

SECTION 1: MEMBER INFORMATION						
Last name	First name		M.I.	Member ID no. (REQUIRED))	Group no.
		<u></u>				
Street address		City			State	ZIP code
SECTION 2: PATIENT INFORMATION						
Last name	First name		M.I.		irthdate	
				□ Male □ Female		
Relationship to member: 🗆 Self 🛛 Spouse 💭 Son 🖓 Daughter						
SECTION 3: DIAGNOSIS						
What is the illness or injury requiring treatment?			11	faccident,	, give date	
SECTION 4: WORK-RELATED INJURY OR ILLNESS			_			
Was this a work-related injury or illness? \Box Yes \Box No If yes, complete the following information.						
Employer name Street address		City			State	ZIP code
SECTION 5: OTHER COVERAGE						
Do you have other group health insurance? 🗆 Yes 🔅 No 🛛 If yes, complete the following information.						
Insurance company name		Type of insurance M		Nember ID no.		Contract no.
		0.1				
Street address		City			State	ZIP code
SECTION 6: MEDICARE COVERAGE						
Patient Medicare hea					surance c	laim no.
Are you covered under the Medicare program? 🗆 Yes 📄 No 🛛 If yes, complete the following information.						
SECTION 7: AUTHORIZATION AND SIGNATURES – REQUIRED						
I authorize any health care provider, medically related facility, health care plan, insurance company, and the Medical Information Bureau and their representatives to give						
Anthem Blue Cross and Blue Shield or their agents any and all information, including complete medical history records and mental health and substance abuse records, for consideration of this claim and all future claims. I certify that the above statements are complete and correct to the best of my knowledge and that I am claiming benefits						
only for charges incurred by the above named patient.						
Patient signature (parent signature if minor)				٦ ا	Date	
X						
Member or spouse signature)ate	
X						



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

Questions? Call customer service at the number on the back of your ID card, Monday through Friday from 8:00 a.m. to 5:00 p.m. Or, use the secure online customer service form at anthem.com.