

Instructions:

File this form when you receive a bill for services for which the provider does not directly submit a claim to Blue Cross and Blue Shield of Massachusetts.

When filing a claim, please be sure to:

1. Complete a separate form for each patient.
2. Answer all questions on this form and complete claim checklist below.
3. Include only one service on each line.
4. Attach original itemized bills which include:

Patient's name

Date(s) of service

Type(s) of service

Individual charges for each date and type of service rendered

Name and address of provider of service

NOTE: PLEASE KEEP COPIES OF YOUR BILLS PRIOR TO SENDING THE ORIGINALS WITH THIS CLAIM. SERVICES THAT ARE DENIED FOR PAYMENT WILL BE NOTED ON YOUR CLAIM SUMMARY. WE DO NOT RETURN ANY BILLS TO YOU EVEN IF THEY ARE DENIED FOR PAYMENT.

5. Attach all related Claim Summary or Explanation of Benefits forms you may have received previously on these services.
6. Sign and date the completed form.
7. Mail this form to:

Blue Cross and Blue Shield of Massachusetts

P.O. Box 986030

Boston, MA. 02298

Claim Checklist:

Please review this checklist before sending your claim to us. Incomplete forms may be returned to you.

- ✓ Have you listed your Blue Cross and Blue Shield identification number in the space provided?
- ✓ Have you listed a diagnosis or illness on each line of the claim information section?
- ✓ Have you listed the total charges for this claim?
- ✓ Have you attached original itemized bills?
- ✓ Have you attached all related Claim Summary or Explanation of Benefits forms you may have received previously on these services?
- ✓ Have you signed and dated the completed claim form?