



MASSACHUSETTS

SUBSCRIBER CLAIM FORM

Subscriber Information

- 1. Submit a claim only when you are billed for services from a provider that does not directly submit a claim to the local Blue Cross Blue Shield plan.
- 2. Submit a separate form for each patient.
- 3. Attach an original itemized bill from your provider (required information and example on the back).

- 4. Keep a copy of all bills and claim forms submitted (originals will not be returned).
- 5. Be sure to sign and date the completed form.
- 6. Mail claim form and all attachments to BCBSMA, P.O. Box 986030, Boston, MA 02298

Identification Number (including alpha prefix)

Last Name

First Name

Middle Initial

Address – Number and Street

City

State

ZIP Code

Date of Birth (MM/DD/YY)

Employer's Name

Patient Information

Patient Last Name

First Name

Middle Initial

Date of Birth (MM/DD/YY)

Patient is:

Subscriber (contract holder) Spouse (to contract holder)

Dependent (25 or under) Other (specify) _____

Does the patient have other insurance: Yes No

Effective Date: (mm/dd/yy)

Medicare Part A (Hospital) Yes No _____

Medicare Part B (Medical) Yes No _____

Medicare Part A (Pharmacy) Yes No _____

Other Blue Cross Blue Shield Membership? Yes No _____

Other Insurance Plan? Yes No _____

Identification Number: _____

Name and address of other insurance: _____

Was treatment for:

Accident at work? Yes No

Date of accident _____

Auto accident? Yes No

Date of accident _____

If yes, name of auto insurance: _____

Policy Number: _____

Other accident? Yes No

Date of accident _____

Subscriber Signature:

Date (MM/DD/YY)

Please allow up to 30 days for your claim to process.



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EXAMPLE OF A COMPLETE ITEMIZED BILL

Smith Speech Center 123 Main St. Boston, MA 12345				
To: Joe Smith 15 Elm St. Anytown, MA 12345			Patient Name: Joan Smith Referring Doctor: Dr. John Jones	
Jane Johnson, SLP, CCC Speech-Language Pathologist License # Y777777		← Provider Credentials	NPI: 99-9999999	
Procedure Code(s)	Units	Procedure Description	Date of Service	Amount
92507	1	Speech-Language Therapy	10/5/2022	\$72.50 ← Itemized Charges
92507	2	Speech-Language Therapy	11/3/2022	\$145.00
Diagnosis Codes: 784.50, 315.31				Total: \$290.00
				Payments: \$290.00
				Balance Due: \$0.00

Please note that your bill does not need to look exactly like the example above, but MUST contain the following required information:

- A letterhead from the provider that MUST include all of the following:
 - Provider name
 - Provider address
 - Provider NPI and License Number
 - Provider credentials, i.e., the initials associated with the educational degrees the provider has earned. Examples include: MD, LICSW, DC, PT, OT, ST.
- Patient's name
- Date(s) of service
- Itemized charges for each date of service and type of service received
- Procedure codes (HCPCS/Revenue codes) for all services received
- Diagnosis code(s) for services received
- Number of Units—this is the number of times a service was performed on a particular date of service. This is required for occupational, physical & speech therapies, anesthesia, and chiropractic services.
- When submitting a claim for PRESCRIPTION DRUGS, you must submit an itemized receipt from your pharmacy that includes:
 - National Drug Code (NDC)
 - Name of drug
 - Date dispensed
 - Quantity dispensed
 - Name of prescribing physician
- If the Member has other insurance such as worker's compensation, another medical plan, supplemental Medicare plan or the claim is a result of an auto accident, attach any related claim summaries or explanation of Benefit forms that you have received from the other insurance carrier for the services you are submitting for reimbursement.

To view processed claims, sign in to your MyBlue account. If you don't have a MyBlue account, register for one at bluecrossma.org.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).