

INFORMATION FOR THE CUSTOMER/PATIENT:

1. Use this form for all your medical/surgical claims. Note: use a separate form for each patient and each physician or other provider.
2. **Complete all items in Part 1** of the form for both the patient and the customer. (The customer refers to a member of an enrolled group or a direct-pay policyholder.)
3. Sign the form in the area provided (block 6).
4. **Any** items of information not completed in Part 1 will cause a delay in processing your claim.
5. After you have completed Part 1, give the form to your physician.

For Medicare patients: If you are participating in Anthem’s Medi-fill Automated Entry program, **DO NOT FILE A CLAIM**. Your claims information will be transferred to Anthem automatically by the Medical carrier. If you are not participating in Medi-fill Automated Entry, be sure to attach your Explanation of Medicare Benefits form (EOMB) to this claim. For information on how you can sign up for the automated entry program, write to the address on the front of this form.

INFORMATION FOR THE PHYSICIAN/PROVIDER:

1. Use a separate claim form for each patient and each physician/provider rendering services. If you are a member of a group practice, the services of all physicians in your group can be reported on one claim form if the first 11 digits of the Anthem identification numbers are the same.
2. Review Part 1 to make sure the customer has provided all information.
Missing information will cause a delay in processing and payment of the claim.
3. Complete Part 2, including all information pertinent to the patient’s treatment.
4. Be sure your Anthem identification number appears in Block 28.
5. ADVANCE Plan providers should use the rubber stamp which has been provided to easily identify the claim as one from an ADVANCE Plan provider.
6. Mail the completed, signed form to the address on the front.

| PLACE-OF-SERVICE CODE (Block 24-B) | |
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| 1 (IH) | independent hospital |
| 2 (OH) | outpatient hospital |
| 3 (O) | physician’s office |
| 4 (H) | patient’s home |
| 5 | day care facility (psy) |
| 6 | night care facility (psy) |
| 7 (NH) | nursing home |
| 8 (SNF) | skilled nursing facility |
| 9 | ambulance |
| 0 | (OL) other locations |
| A (IL) | independent laboratory |
| B | other medical/surgical facility |
| D | residential substance abuse treatment center |

INSURANCE FRAUD WARNING

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.