

When to use this form

Use this form to request payment or reimbursement if you received medical services or supplies under your medical plan from an out-of-network provider (one that doesn't have a contract with Capital Blue Cross (Capital) or another Blue Plan). To find out if your provider has a contract with Capital, you can use the "Find a doctor" tool at [CapitalBlueCross.com](https://www.CapitalBlueCross.com).

Note: In-network providers must submit claims for payment directly to Capital for you, so if you use an in-network provider, you do not need to use this form to request payment or reimbursement.

This form **is not** for dental, vision, or pharmacy expenses—you can find claim forms for these services at [CapitalBlueCross.com](https://www.CapitalBlueCross.com). You can find the Medicare Advantage claim form at [CapitalBlueMedicare.com](https://www.CapitalBlueMedicare.com).

Submit a separate form for each claim. A claim is the costs for a service and/or supply provided by a *single provider*, even if those services/supplies were provided on different days.

What you'll need

In addition to the information requested in the form, you'll need to submit a detailed bill from your provider. To help us process your claim without delay, ask your provider to give you a detailed bill that includes **all** of the following:

- ✓ Provider's name and address.
- ✓ Patient's full name.
- ✓ Date each service/supply was provided.
- ✓ Where services/supplies were provided (e.g., home, office, hospital, laboratory, other).
- ✓ Procedure code for each unit or service **and** how many were provided (e.g., office visit, X-ray, lab).
- ✓ Diagnosis code (e.g., code for chest pains, broken bone, and sinusitis).
- ✓ Amount you paid to the provider (if payment was made).
- ✓ Amount charged by the provider for each service or supply.

If the bill contains incorrect or missing information, it will delay the processing of your claim. Please check your bill to be sure it contains all of this information, and if it does not, ask the provider for anything missing.

How to submit the completed claim form

Mail: Type your answers and print the form, or print the form and handprint your responses using blue or black ink—sign it—and mail the form with the bill and any related documents to:

Medical Claims Processing
PO Box 211457
Eagan, MN 55121-3057

What happens next?

We'll contact you if information is missing from your claim form or the provider's bill. If everything is in order, we'll process the claim. After it's processed, we'll send you an explanation of benefits (EOB) showing how your benefits applied to the claim. If money is due to you under your plan's benefits, we'll send you a check.

Your responsibility

If you receive a check from us after your claim is processed, it is your responsibility to pay the provider any amount still owed on the provider's bill.

Questions

If you have questions about this form or your benefits, please call the Member Services number on the back of your ID card.

