

# MASTER/MAJOR MEDICAL CLAIM FORM



an independent licensee of the Blue Cross and Blue Shield Association.

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## INSTRUCTIONS FOR FILING A CLAIM (PLEASE TYPE OR PRINT)

- FOR EACH ELIGIBLE FAMILY MEMBER, DEPENDENT OR SPOUSE SEPARATE ALL ITEMIZED BILL(S), RECEIPT(S), COPIES OF EXPLANATION OF BENEFITS FORMS OR CHECK VOUCHERS.
- COMPLETE A SEPARATE CLAIM FORM FOR EACH ELIGIBLE MEMBER. **NOTE: ONLY ONE CLAIM FORM PER MEMBER IS NEEDED.**
- ATTACH EACH MEMBER'S ITEMIZED BILL(S) OR RECEIPT(S) TO HIS/HER COMPLETED CLAIM FORM(S). ALL COMPUTERIZED RECEIPTS SUBMITTED MUST INCLUDE THE PROVIDER SIGNATURE AND PROVIDER CODE.
- IF APPLICABLE, ATTACH COPIES OF YOUR EXPLANATION OF MEDICARE BENEFITS FORM OR MEDICARE VOUCHER.
- SAVE COPIES OF ALL ITEMS SUBMITTED.
- CLAIM FORM SHOULD BE SIGNED BY THE SUBSCRIBER (CONTRACT HOLDER)

### EXAMPLES OF PROPERLY ITEMIZED RECEIPTS

#### PHYSICIAN RECEIPT

1. NAME, DEGREE AND ADDRESS OF PROVIDER	→ GEORGE S. SMITH, M.D. 100 Market Street Hometown		
2. FULL NAME OF PATIENT	→ FOR PROFESSIONAL SERVICES TO: JOHN DOE		
3. CHARGE	→		
4. DATE OF TREATMENT (MO./DAY/YR.)	DATE TREATMENT	TYPE OF SERVICE	CHARGE
	9-29-91	Office Visit	\$20.00
	10-11-91	Office Visit	\$20.00
	11-22-91	Office Visit	\$20.00
5. TREATMENTS SHOWN SEPARATELY	2-3-92	Office Visit	\$20.00
	4-1-92	Injection	\$15.00
6. ACTUAL DIAGNOSIS AND TYPE OF SERVICE	→ Diagnosis-Anemia		

#### PHARMACY RECEIPT

1. NAME AND ADDRESS OF PROVIDER	→ PRICE PHARMACY 200 Market Street Hometown			
2. FULL NAME OF PATIENT	→ PATIENT'S FULL NAME JOHN DOE			
3. DATE OF PURCHASE (MO./DAY/YR.)	DATE	PRESCRIPTION NO.	DRUG NAME	CHARGE
	12/29/91	#12469	TYLENOL #3	\$ 8.15
4. PRESCRIPTION NUMBER	→ #12470		PENICILLIN	\$19.95
5. DRUG NAME			PENICILLIN	\$19.95
6. SEPARATE CHARGE FOR EACH PRESCRIPTION				\$28.10

**CASH REGISTER RECEIPTS, CANCELLED CHECKS, MONEY ORDER RECEIPTS, UNSIGNED COMPUTERIZED RECEIPTS OR STATEMENTS AND PERSONAL ITEMIZATIONS ARE NOT ACCEPTABLE AND IF SUBMITTED BECOME THE PROPERTY OF BCBSM.**

**NOTE: FOR BEST SERVICE, PLEASE SUBMIT YOUR MASTER/MAJOR MEDICAL CLAIMS TO US AS SERVICES OCCUR.**

### SUBSCRIBER INFORMATION

SUBSCRIBER'S LAST NAME				SUBSCRIBER'S FIRST NAME			
STREET ADDRESS				CITY			
STATE	ZIP CODE	SUBSCRIBER'S (SOCIAL SECURITY NO.) IS THE SAME AS BCBSM CONTRACT NUMBER	SUBSCRIBER'S CONTRACT NUMBER		THIS INFORMATION CAN BE TAKEN FROM YOUR BCBSM I.D. CARD		BCBSM GROUP NO.

### PATIENT INFORMATION

PATIENT'S LAST NAME				PATIENT'S FIRST NAME				PATIENT'S DATE OF BIRTH	MO.	DAY	YR.	
PATIENT'S RELATIONSHIP TO SUBSCRIBER			PATIENT SEX	ACCIDENT		IF YES, GIVE DATE OF ACCIDENT		MO.	DAY	YR.	FOR BCBSM USE ONLY	
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO								
OTHER HEALTH CARE COVERAGE		NAME OF OTHER COMPANY						SPOUSE'S DATE OF BIRTH		MO.	DAY	YR.
<input type="checkbox"/> YES <input type="checkbox"/> NO												

### CERTIFICATION STATEMENT

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THE ATTACHED MATERIAL IS CORRECT AND UNALTERED AND THAT THE EXPENSES WERE INCURRED BY THE ABOVE NAMED PATIENT. I UNDERSTAND ALL MATERIAL SUBMITTED BECOMES THE PROPERTY OF BLUE CROSS AND BLUE SHIELD OF MICHIGAN AND MAY NOT BE RETURNED. I REALIZE FALSE RECEIPTS OR FRAUDULENT ALTERATIONS OF THESE MATERIALS WILL RESULT IN CIVIL OR CRIMINAL PROSECUTION. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS OR REVIEW THIS CLAIM.

SUBSCRIBER'S SIGNATURE		YOUR RIGHT TO CONFIDENTIALITY	
DATE		WE WILL NOT RELEASE ANY INFORMATION ABOUT YOU EXCEPT: 1) WHEN YOU ASK US TO IN WRITING, OR 2) WHEN RELEASE (TO ANOTHER INSURANCE COMPANY FOR EXAMPLE) IS NECESSARY TO PROCESS OR REVIEW A CLAIM. WE WILL TELL YOU WHICH INFORMATION WE RELEASED TO WHOM, IF YOU REQUEST IT.	
TELEPHONE NO			

CLAIM NUMBER (FOR BCBSM USE ONLY)				<b>NOTE: FOR REIMBURSEMENT OF MASTER MEDICAL CLAIMS ONLY, SEND TO:          BLUE CROSS AND BLUE SHIELD OF MICHIGAN          ATTN: MASTER/MAJOR MEDICAL DEPT. -B560          P.O. BOX 172          DETROIT, MICHIGAN 48231-0172</b>			