

11. 

Last Name

Address

City

State

Zip

# FILING YOUR CLAIM IS EASY

1. Fill out the Medical Expense Claim form (include all requested information).
2. Attach the bill (or clear copy of the bill) to this form.

Your bill should include the following information: (do not attach a balance forward bill)

- Patient's full name.
- Date of treatment.
- A description of the treatment provided (i. e. office visit, x-ray, surgery etc.)
- A diagnosis (type of illness or injury).
- Charge for each treatment.
- Place of treatment (i.e. doctor's office, hospital, one day surgery clinic, etc.)
- Date of accident (if applicable).
- Any Medical Equipment and/or supplies purchased. (Supply the invoice and be sure to complete box 11, Ordering Physician, on the front of this form.)

The above information is usually provided on an itemized bill from the provider.)

## THIS INFORMATION IS NEEDED TO PROPERLY FILE PRESCRIPTION DRUG CLAIMS.

(NDC, NDC, NDC, NDC, L94.)

Attach the receipt or legible copy of receipt given by the pharmacist. The receipt should list the following information:

- The patient's name.
- The National Drug Code (NDC).
- The name of the prescription drug and manufacturer.
- The amount of the prescription drug.
- The name of the Pharmacy along with the telephone number and address.
- The name of the Doctor that prescribed the drug.
- Please indicate on the receipt the reason for taking each prescription.

<b>Medical Expense Claim :</b>
Blue Cross and Blue Shield of Alabama Claims Department Post Office Box 995 Birmingham, Alabama 35298-0001

OR

<b>Medical Claims :</b>
205-220-2146 800-526-8529