luminare health

Anthem Blue Cross

Submitting Medical Claims for Reimbursement

Most of the time, when you receive care, your provider sends the claim to Anthem to be processed.

However, in some cases a provider may require you to pay the claim at the point of care. If this happens, you should complete the Anthem Member Claim Form and send it with any additional supporting documents directly to Anthem to receive the full benefits of your plan. Please read the following instructions about how to locate, complete, and submit the form.

Steps for downloading your claim form

Member can download claim forms without logging in by performing the following steps:

1. Go to **Anthem.com/ca**
2. Click on "Member Support"
3. Click on "Find a Form"
4. Select your state
5. In the "View by Topic" box, select "Claims" from the dropdown menu
6. Select the correct claim form needed and download

SECTION 1: Patient Information

Complete all the fields that apply. If the patient does not have other health insurance, leave the following fields blank:

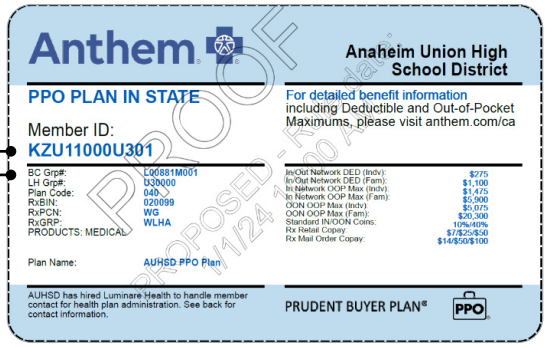
- Name of other health insurance company
- Group no.
- Employer name
- Policy no.

SECTION 2: Subscriber Information

Complete all the fields. Your identification number and policy number are shown as Member ID on your ID card. Your Group no. is shown as BC Grp# on your ID card.

Identification/ Policy Number

Group Number



REMEMBER: To avoid any delays, please fill out the form completely before you submit it.
On this form, "subscriber" refers to the AUHSD employee. The subscriber may also be the patient.

SECTION 3: Medical Information

- Complete all the fields.
- IMPORTANT: An itemized bill must be submitted with your completed form. An itemized bill is more than a receipt and must include the following information:
  - Provider's name, address, and tax ID number
  - Name of patient
  - Date of service
  - Service provided
  - Amount charged for each service
  - Procedure code
  - Diagnosis code

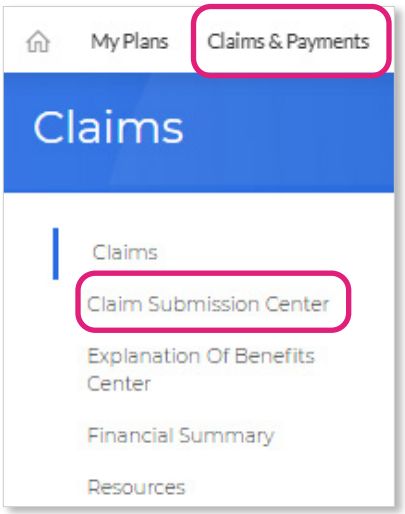
Your provider can give you the tax ID number, procedure code, and diagnosis code.

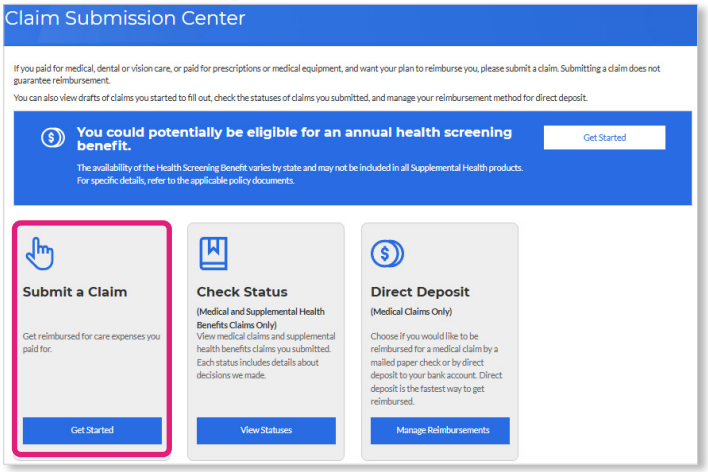
To submit your claim and all supporting documents by mail, use the address found on the next page.

Steps for submitting your claim form online

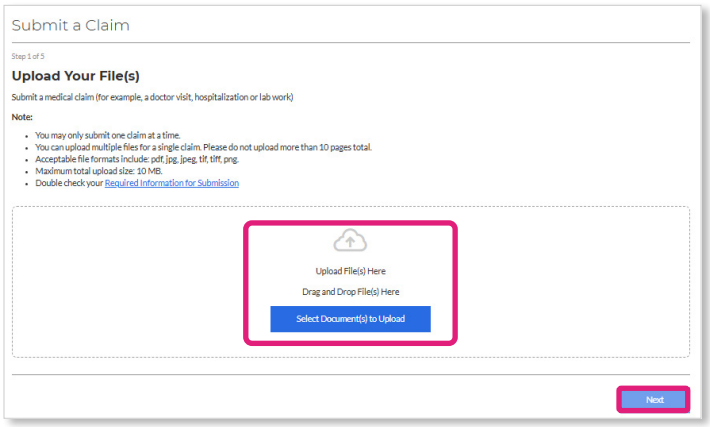
Before submitting, make sure all applicable fields are completed. Please allow up to 30 days for processing.

- Register or login to your account.
- After you login, you will see the Claims section.
- Once you login, hover over "Claims & Payments" found at the top of the screen. From the dropdown, select "Claim Submission Center."



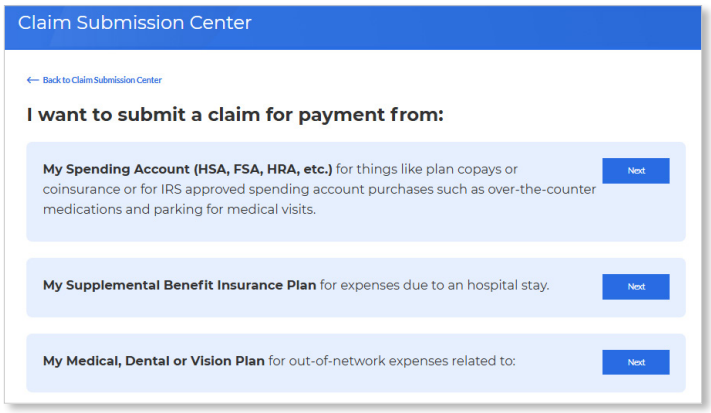


- On the next screen, click on “Submit a Claim”.



- Select documents to upload (i.e. superbill, receipts, etc). Then click next.

  You will be able to revisit this section to track the status of your claim.



- Select “My Medical, Dental or Vision plan”, Click the appropriate button, Select “Next,” pick the appropriate patient from the list and “Submit a Claim.”

Submit California Claims to:

Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060

For All Other Claims:

Call Luminare Health Customer Service at **1-866-280-4120** for your state’s address.

If you have questions, please call Luminare Health Customer Service at **1-866-280-4120**.

Medical Claim Form

Anthem

Please use a separate claim form for each patient and provider. Your cooperation in completing all items on the claim form and attaching all required documentation will help expedite quick and accurate processing. **See reverse side for complete instructions.**

Section 1: Patient information

Last name	First name	M.I.

Does the patient have other health insurance coverage? ☐ Yes ☐ No	Relation to subscriber ☐ Self ☐ Spouse ☐ Son ☐ Daughter	Sex ☐ Male ☐ Female	Date of birth (MMDDYYYY)

Name of other health insurance company	Group no.	Employer name	Policy no.

Section 2: Subscriber information (on Anthem Blue Cross ID card)

Identification no. (include prefix)	Group no.

Last name	First name	M.I.

Street address	Apt. no.	City	State	ZIP code

Home phone no.	Work phone no.	Date of birth (MMDDYYYY)

Section 3: Medical information

Healthcare services: Use this section to report any COVERED health service that has not already been reported to this Anthem Blue Cross plan by the provider of service (the physician, clinical, ambulance company, private duty nurse, etc.) **Attach itemized bill or photocopy.** Please be sure that duplicate bills are not submitted.

Where was the service rendered? ☐ Physician office ☐ Outpatient ☐ Inpatient ☐ Ambulance ☐ Medical equipment supplier ☐ Pharmacy ☐ Laboratory ☐ Other

Was this medical expense the result of an accident?..... ☐ Yes ☐ No

Was this condition or injury job related? ..... ☐ Yes ☐ No

Have you filed for Workers' Compensation? ..... ☐ Yes ☐ No

When did this injury or accident occur? ____ (MMDDYYYY)

Date of service (MMDDYYYY)	Diagnosis code	Procedure code	Tax ID	Amount
			Total	$

Bills must be itemized

Cancelled checks, cash register receipts and non-itemized "balance due" statements cannot be processed. Each itemized bill must include:

- Name and address of provider (doctor, hospital, laboratory, ambulance service, etc.)
- Name of patient
- Service provided
- Date of service
- Amount charged for each service
- Diagnosis code
- Procedure code
- Tax ID

I certify that, to the best of my knowledge, the information on this *Medical Claim Form* is true and correct. I authorize the release of any medical information necessary to process this claim.

Signature	Printed name	Date (MMDDYYYY)
X		

How to use this form

Dear Member:

Usually, all providers of healthcare will bill us for services to you and your enrolled dependents. This is the preferred procedure. You are not bothered with claim forms and we often need more details than are ordinarily provided on bills to patients.

Sometimes, a physician or an ambulance company may not bill us, for example, they may send the bill directly to you. In either instance, we have no way of knowing about your claim. This *Medical Claim Form* was developed to notify us of any covered health service for which we have not already been billed. Please read the following instructions about how to report healthcare services.

We are happy to serve you.

Section 1: Patient information

Use this section to identify the patient.

Section 2: Subscriber information (on Anthem ID card)

Use this section to identify the subscriber. Some of this information may be found on your Anthem Blue Cross card.

Section 3: Medical information

Healthcare services: Use this section to report any COVERED health service that has not already been reported to this Anthem Blue Cross plan by the provider of service (the physician, clinical, ambulance company, private duty nurse, etc.) **Attach itemized bill or photocopy.** Please be sure that duplicate bills are not submitted.

Medical Claim Form instructions:

Please send claims to:

Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

If you have questions or need any assistance, please call the number listed on your Member ID card.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.