

Blue Medicare Advantage Member Submitted Claim Form

<p>You <u>can</u> use this form for:</p> <ul style="list-style-type: none"> ✓ Medical Claims 	<p>You <u>cannot</u> use this form for:</p> <ul style="list-style-type: none"> ✗ Part D (Drug) Claims ✗ Supplemental Dental Claims
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Use this form to request reimbursement for covered **medical** services that you paid for and were not billed to Blue Medicare Advantage by your provider.

To be reimbursed for covered services that you paid for in full, you need to:

- Complete this form.
- Attach itemized bill from provider.
- Attach paid receipts.

Member's Name		
Member's ID Number	Date of Birth	
Member's Address		
City	State	Zip
Signature:		Date:

Before mailing, check these things:

- ✓ Print or type using blue or black ink.
- ✓ Include all documentation.
- ✓ Make a copy of the documentation that you send to us for your records.
- ✓ Submit claims within 12 months of the date of service.

Send the completed claim form and all required documentation to:

Blue Medicare
Attention: Claims Dept.
PO Box 3633
Durham, NC 27702