

# Member Claim Form Requirements

**Please note the below filing requirements and tips for filling out the attached Member Claim Form. Do not file prescription drugs or dental claims with this form.**

Visit [shpnc.org/employee-benefits/important-forms](http://shpnc.org/employee-benefits/important-forms) for prescription drug and international claim forms, or call the toll-free number on your ID card.

## Important Notes When Completing the Claim Form:

- Type or use blue or black ink to complete
- Complete a separate claim form for each covered family member
- Complete a separate claim form for each provider
- Attached receipts must include procedure codes and diagnosis codes (such as CPT/Dx codes), individual cost for each service, and the provider's name, address and Tax ID
- Do not file a claim if the provider is filing for the same services or if the provider is in-network
- Attach Explanation of Benefits if these services are covered by another insurance policy
- Claims must be filed within 18 months from the date services were received, or they will be denied
- If your address has recently changed, please contact Customer Service using the phone number located on the back of your ID card to ensure our records are accurate
- Keep a copy of this form and your receipts
- Remember to sign and date at the bottom of Section 5

**Please note: Claim form will be returned to member if provider receipts are not attached with the form!**

Blue Cross and Blue Shield of North Carolina and the North Carolina State Health Plan are not affiliated.

