

SECTION IV: Services and Supplies To Be Considered For Reimbursement

These may include ambulance services, medical appliances, diabetic supplies, glasses and/or contact lenses or out-of-network services.

Blue Cross NC requires that procedure codes and diagnosis codes be supplied by the providers of the service. Claims or itemized receipts received without the information below will be RETURNED.

Please indicate where services were rendered if not in North Carolina: _____

Country: _____ Currency Used: _____

Date of Service (MM-DD-YY)	Procedure Codes and Description of Service/Supplies	Diagnosis Codes and Symptoms you sought treatment for	Charge
01-05-18	<small>EXAMPLE:</small> 99201 Office or other outpatient visit for New Patient	J09 Influenza	110.00

SECTION V: Private Duty Nursing Enclose a copy of your receipts for these services.

Date of Service (MM-DD-YY)	Name of Nurse	Indicate RN, LPN or CNA	License Number	Hours Worked	Charge
01-05-18	<small>EXAMPLE:</small> Ms. Jane M. Doe	LPN	123456	8	160.00

SECTION VI: Mailing Information

MAIL THIS FORM, ITEMIZED RECEIPTS AND EXPLANATION OF BENEFITS (if applicable) TO:
Blue Cross and Blue Shield of North Carolina
P.O. Box 35
Durham, NC 27702

- DID YOU REMEMBER TO:**
- Use blue or black ink to complete the form?
 - Attach the Explanation of Benefits, if applicable?
 - Attach itemized receipts?
 - Provide your signature below?
 - Keep a copy of this form and your receipts?

I certify that the information on this form is correct and the expenses incurred were necessary for the services filed.

Signature: _____ Date: _____ Daytime Phone Number: _____