

### Claim Reimbursement Form

**Instructions:** Please complete a separate claim form for each patient. Allow up to 30 days from the date you submit the completed claim form for a response from Blue Advantage. Keep a copy of all documents you submit for your records. Please mail or fax the completed claim form and a copy of all receipts with this form to Blue Advantage. Please submit claim(s) within 90 days of the date of service. Claims must be submitted within the time frames listed in your Evidence of Coverage/Certificate of Coverage. Claims not received within the required time frame are not eligible for reimbursement. Submission of this form does not guarantee reimbursement.

PATIENT INFORMATION	INSURED INFORMATION (on ID Card)
Patient Name	Insured ID Number
Patient Address	Insured Name
City, State, Zip	Insured Address
Patient DOB	City, State, Zip
Employer's Name	Telephone#
Pharmacy Name	Insurance Plan Name
Diagnosis Code	

INSURED MEMBER AUTHORIZATION	
<p>I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime punishable by fine and imprisonment under Federal and State laws.</p>	
<p>Signature of Insured Member: _____ Date: _____</p>	

OFFICE USE ONLY		
Date of Service	Procedure Code	Charges
	<b>TOTAL</b>	
Notes:		