



**MAIL THIS COMPLETED FORM TOGETHER WITH ALL ITEMIZED BILLS TO ADDRESS SHOWN ABOVE.**

**EXCELLUS BLUECROSS BLUESHIELD MEDICARE ID#** → **THIS INFORMATION CAN BE TAKEN FROM YOUR ID CARD**

**MEMBER INFORMATION**

<b>MEMBER'S LAST NAME</b>	<b>MEMBER'S FIRST NAME</b>
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**MEMBER'S STREET ADDRESS**

<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>MEMBER DATE OF BIRTH</b> <u>    </u> / <u>    </u> / <u>    </u> MM    DD    YYYY	<b>SEX</b> M    F    Transgender
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<b>ARE THE SUBMITTED EXPENSES RELATED, IN ANY WAY, TO A MOTOR VEHICLE OR WORK-RELATED ACCIDENT OR INJURY?</b> Yes    No	<b>IF YES, DATE OF ACCIDENT OR INJURY</b> <u>    </u> / <u>    </u> / <u>    </u> MM    DD    YYYY
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**DO YOU HAVE OTHER HEALTH INSURANCE?**            Y    N

<b>NAME OF OTHER INSURANCE</b>	<b>POLICY NUMBER</b>
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I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Excellus BlueCross BlueShield and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information.

<b>DATE</b>	<b>PHONE</b> (including area code)	<b>SIGNATURE</b>
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- Original itemized receipts including all pertinent information must be submitted with this claim form. The itemized bill must **clearly** indicate **all of the following**:
  - Patient’s full name and address on the letterhead of the provider of service or supply that includes provider EIN (tax ID number) and NPI
    - **Note:** Provider’s EIN and NPI are not needed for vision hardware claims (i.e. contact lenses, glasses frames or glasses lenses).
  - Type of service or supply that was performed
  - Place of service (inpatient, outpatient, office, etc.)
  - Date and charge for each service or supply provided
  - Patient diagnosis (the medical condition for which the patient was treated)
  - For services not rendered in the USA, all information must be translated in English
- Cancelled checks, money orders, credit card vouchers and personal list of services or bills stating only “balance forward” are not acceptable.
- Make copies of the original receipts for your files before submitting the original. All materials submitted will be retained by us and cannot be returned to you.