

# 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 [BlueCrossNC.com/Claims](https://www.bluecrossnc.com/claims) for prescription drug, dental 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 code as well as tax ID and individual cost for each service/name of the provider as well as the provider's address.
- 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!**

