FORM MUST BE COMPLETED IN ITS ENTIRETY

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Anthem Blue Cross

Member Claim Form

Please use a separate claim form for each patient. Your cooperation in completing all items on the claim form and attaching all required documentation will help expedite quick and accurate processing.

PLEASE TYPE or PRINT · SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

A. PATIENT INFORMATION

NAME Last First Middle Initial

BIRTHDATE

SEX ☐ M ☐ F

RELATION TO SUBSCRIBER ◯ Self ◯ Spouse ◯ Son ◯ Daughter

DOES THE PATIENT HAVE OTHER HEALTH INSURANCE COVERAGE? ◯ Yes ◯ No

NAME OF OTHER HEALTH INSURANCE COMPANY

POLICY NUMBER

B. SUBSCRIBER INFORMATION (on your Health Plan ID Card)

MEMBER ID DGA J

GROUP NUMBER 276945

NAME Last First Middle Initial

ADDRESS

CITY STATE ZIP CODE

HOME PHONE NO. ( )

WORK PHONE NO. ( )

C. MEDICAL INFORMATION

HEALTH CARE SERVICES: Use this section to report any COVERED health service that has not already been reported to this Anthem Blue Cross Plan by the provider of service (the physician, clinical, ambulance company, private duty nurse, etc.) Attach itemized bill or photocopy. Please be sure that duplicate bills are not submitted.

Was this medical expense the result of an accident? ◯ YES ◯ NO

Was this condition or injury job related? ◯ YES ◯ NO

Have you filed for Workers' Compensation? ◯ YES ◯ NO

On what day did this injury or accident occur? Month:____ Day:____ Year:____

Have you been treated for the same condition within the last 24 months? ◯ YES ◯ NO

If yes, indicate date you were last treated: Month:____ Day:____ Year:____

DATE OF SERVICE (Mo/Day/Yr)	PROVIDER OF SERVICE (Name of Doctor, Lab, Amb. Co., etc.)	PLACE OF SERVICE (Choose from menu)	ILLNESS OR DIAGNOSIS	TOTAL

If the bill is from a Licensed Clinical Social Worker; Marriage, Family and Child Counselor; Audiologist; or Occupational, Physical, or Speech Therapist; what is the name of the physician who ordered the service?

Dr. _____

GRAND TOTAL

$

I certify that the information on this Member Claim Form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim.

X _____ _____

SIGNATURE OF SUBSCRIBER DATE

HOW TO USE THIS FORM

Dear Member:

Usually, all providers of health care will bill us for services to you and your enrolled dependents. This is the preferred procedure. You are not bothered with claim forms and we often need more details than are ordinarily provided on bills to patients.

Sometimes, a physician may not bill us or an ambulance company, for example, they may send the bill directly to you. In either instance, we have no way of knowing about your claim. This Member Claim Form was developed to notify us of any covered health service for which we have not already been billed. Please read the following instructions about how to report Health Care Services.

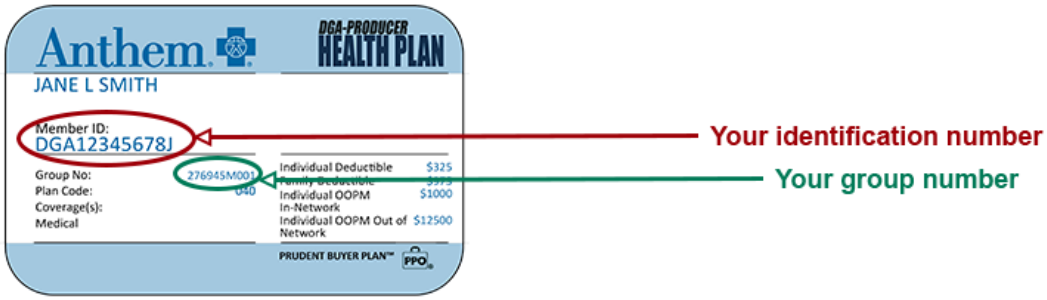
We are happy to serve you.

SECTION A. PATIENT INFORMATION

Use this section to identify the patient.

SECTION B. SUBSCRIBER INFORMATION (on your Health Plan ID card)

Use this section to identify the subscriber. Some of this information may be found on your Health Plan ID card.



SECTION C. MEDICAL INFORMATION: This section pertains to the employee through whose employer your program is obtained

HEALTH CARE SERVICES: Use this section to report any COVERED health service that has not already been reported to this Anthem Blue Cross Plan by the provider of service (the physician, clinical, ambulance company, private duty nurse, etc.). Attach itemized bill or photocopy. Please be sure that duplicate bills are not submitted.

WHERE TO SUBMIT THIS FORM

BY SYDNEY MOBILE APP (Recommended):

1. Log into the Sydney Mobile App (Download the app from the Apple App Store or Google Play).
2. Scroll down to *Claims & EOBs* or tap the *Claims* icon in the bottom navigation menu.
3. Scroll down to the Claim Submission Center section and tap *Go to Claims Submission Center*.
4. On the *Claim Submission Center* page, tap *Medical*.
5. Proceed through the onscreen prompts to complete your claim submission.

For technical assistance with the Sydney claims submission process, tap the *Chat With Us* button at the bottom of your phone screen or contact Anthem Blue Cross at (866) 755-2680.

TIP: When submitting your claims via the Sydney Mobile App, you can receive phone notifications updating you on the status of your claim.

ONLINE:

1. Log onto Anthem.com.
2. Under *Claims & Payments* choose *Claims Submission Center*.
3. On the *Claims Submissions* page, under *Medical*, click *Get Started*.
4. Proceed through the onscreen prompts to submit your claim.

For technical assistance with the online claims submission process, contact Anthem Blue Cross at (866) 755-2680.

BY MAIL: DO NOT submit claims to the Health Plan office.

Mail your claim directly to Anthem Blue Cross at:

Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

HOW TO CHECK THE STATUS OF YOUR CLAIM

- **Anthem Blue Cross Benefits Portal:** The Anthem Blue Cross Benefits Portal provides up-to-the-minute status of your medical claims as well as other information like your progress towards your annual deductible. To register for the Anthem Blue Cross Benefits Portal, go to **www.anthem.com/ca.**
- **myPHP Online Benefits Portal:** The myPHP online benefits portal lets you view, download and print your Explanations of Benefits as your claims are processed by the Plans' office. With myPHP, you can also check your estimated pension benefits, check your Health Plan eligibility status, verify your pension and health contributions, and more. To create a myPHP account, have your Plan ID ready and go to **www.dgaplans.org/myphp.**

If you have questions or need any assistance, please call *(877) 866-2200 ext. 401.*