



# FILING YOUR CLAIM IS EASY

1. Fill out the Medical Expense Claim form (include all requested information).
2. Attach the bill (or clear copy of the bill) to this form.

## **Your bill should include the following information: (do not attach a balance forward bill)**

- Patient's full name.
- Date of treatment.
- A description of the treatment provided (i. e. office visit, x-ray, surgery etc.)
- A diagnosis (type of illness or injury).
- Charge for each treatment.
- Place of treatment (i.e. doctor's office, hospital, one day surgery clinic, etc.)
- Date of accident (if applicable).
- Any Medical Equipment and/or supplies purchased. (Supply the invoice and be sure to complete box 11, Ordering Physician, on the front of this form.)

**Note:** The above information is usually provided on an itemized bill from the provider.)

## **THIS INFORMATION IS NEEDED TO PROPERLY FILE PRESCRIPTION DRUG CLAIMS.**

**(NOTE: FOR FILING POINT-OF-SALE PRESCRIPTION DRUG CLAIMS, USE CLAIM FORM CL-94.)**

Attach the receipt or legible copy of receipt given by the pharmacist. The receipt should list the following information:

- The patient's name.
- The National Drug Code (NDC).
- The name of the prescription drug and manufacturer.
- The amount of the prescription drug.
- The name of the Pharmacy along with the telephone number and address.
- The name of the Doctor that prescribed the drug.
- Please indicate on the receipt the reason for taking each prescription.

**Members can mail the completed claim to:**

**Blue Cross and Blue Shield of Alabama  
Claims Department  
Post Office Box 995  
Birmingham, Alabama 35298-0001**

**OR**

**Members can also fax claims to:**

**205-220-2146  
800-526-8529**