

## Blue Medicare Advantage Member Submitted Claim Form

- **Medical Claims**
- **Do not use to file Part D Claims**
- **Do not use to file supplemental Dental Claims**

Use this form to request reimbursement for covered **medical** services that you paid for and were not billed to Blue Medicare Advantage by your provider.

To be reimbursed for covered services that you paid for in full, you need to:

- Complete this form.
- Attach itemized bill from provider.
- Attach paid receipts.

Member's Name		
Member's ID Number	Date of Birth	
Member's Address		
City	State	Zip
Signature:		Date:

- ✓ Print or type using blue or black ink
- ✓ Include all documentation.
- ✓ Make a copy of the documentation that you send to us for your records.
- ✓ Submit claims within 12 months of the date of service.

Send completed claim form and all required documentation to:

Blue Medicare  
Attention: Claims Dept  
PO Box 17509  
Winston-Salem, NC 27116-7509

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