

Dear Subscriber:

We need additional information before we can process the claim(s) you recently submitted. Please answer the questions on the front and back of this form, and return it with your receipts to the above address.

SUBSCRIBER CLAIM MAILBACK	
	Subscriber ID:
Name:	Patient Name:
Address:	Date(s) of Service:
City: State: Zip:	Total Charges:
	Provider ID:
	Claim/DCN #:

GENERAL

Please give patient's:

- M600 Full Name
 M601 Month, Day and Year of Birth
 M602 Sex
 M603 Relationship to you
 M604 Complete, sign and submit a separate claim form for each member/patient.

RECEIPTS

- M609 Please submit original itemized receipts.
 M610 Please submit physicians signature on the receipt.
 M611 All private duty nursing claims should show on a receipt:
 - Each day worked by the nurse • Number of hours worked each day
 - Charge for each day • NC License Number
 - Diagnosis • Doctor's signature for medical necessity
- M612 Please check place of service for private duty nursing: Hospital Home Nursing Home
- M613 We cannot accept canceled checks, "paid on account" entries, balance forward receipts, or cash register receipts as proof of services.
- M614 Services listed on attached Explanation of Benefits Sheet (EOB) have not been filed. Please file original itemized receipts.
- M615 All North Carolina hospitals have a contract with Blue Cross and Blue Shield of North Carolina to automatically file claims for our subscriber and their dependents. Please provide the hospital with your Subscriber ID Number so they can file for you.
- M616 Please have pharmacist sign and date claim form or submit drug receipts. All hand written receipts must be signed by the pharmacist.
- M617 A discount has been indicated. Please have pharmacist include discounted charge for each prescription. Charges do not balance.
- M619 Please submit the original receipt. Receipt must be legible.

Have you answered all items checked above? Please review future claims for accuracy and completeness so that we may provide you with prompt and efficient service. Thank You.

Please see other side for more reasons.

SERVICE

- M620 Please give complete description of surgical procedure(s) performed. If lesion/laceration, give size(s) and location(s).
- M621 Please give a complete description of all services filed on: _____
- M623 Please have doctor give length of anesthesia time.
- M624 We cannot accept services which have been previously filed.
- M625 We are unable to process services not yet performed. Please resubmit after services have been completed.
- M626 This service was provided by a doctor who participates with BCBSNC and has agreed to submit claims for covered services. If you have questions, please contact your physician.
- M627 Please give a diagnosis for services or supplies.
- M658 Please obtain a valid procedure code for each service; you can obtain this information from your provider.

NUMBERS

- M630 The BCBSNC ID Number you submitted is incorrect or is not valid for the date of service submitted on the claim. Please verify/resubmit. Please submit a copy of your ID Card.
- M631 If psychotherapy was administered under the direct supervision of an MD or PhD, please have doctor sign using appropriate title and give provider number or physicians license number.
- M632 Diagnosis code is not valid for date of service: _____
- M633 Please give number of allergy tests performed.
- M634 Please give prescription number and name of drug or injection.
- M635 CPT code is not valid for date of service: _____
- M636 Please give name, NPI, Tax ID Number and address for: Rendering Provider Referring Provider

DATES

- M628 Please give date that the accident, emergency, or illness occurred: _____
- M629 Please verify/submit date(s) of service in month, day, and year order (mm/dd/yy).

CHARGES

- M605 Charges do not balance, please verify.
- M606 Please submit a separate charge for each procedure code.
- M607 Please submit a separate charge and date for each drug and supply.
- M608 Please submit total physician bill after delivery.

PRESCRIPTION ADVANTAGE

Please have the pharmacist indicate:

- M643 NDC Number
- M646 Metric Quantity
- M647 Days Supply
- M648 Date of Service
- M651 Medication Name, Dosage, Form, Strength
- M653 Please complete and sign the Prime Claim Form and send to the address on the back of the Prime Claim Form.
- M659 Please give the charge for each Take On date.

OTHER

- M654 Please have the hospital file a claim form (UB-04) for you.
- M655 Rental or purchase.
- M656 Please submit with from and to dates of rental equipment after the return date has expired.
- M657 Please provide a letter stating medical necessity from your physician.
- M660 Please fill out the Blue Card Worldwide Claim Form and mail the completed claim form to the address shown at the top of the claim form.
- M637 Please forward this claim form to the subscriber and have them fill these out and return to us for processing.
- M638 Please file with the plan that holds the member's policy.

Have you answered all items checked above? We encourage you to review future claims for accuracy and completeness so that we may provide you with the most rapid service. THANK YOU.

Name: _____ Section: _____

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。