



- 1. COMPLETE THIS FORM
- 2. ATTACH ALL BILLS
- 3. MAIL TO

P. O. Box 30272  
Salt Lake City, Utah 84130-0272

## MEDICAL CLAIM FORM

ALL AREAS BELOW MUST BE COMPLETED  
BEFORE FILING A CLAIM

PATIENT NAME	Male <input type="checkbox"/> Female <input type="checkbox"/>	PATIENT RELATIONSHIP TO INSURED	PATIENT BIRTHDATE
SUBSCRIBER ID #/SOCIAL SECURITY # (INCLUDING 3-DIGIT ALPHA PREFIX)		GROUP NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE
EMPLOYEE NAME		NAME OF EMPLOYER	
DATE ACCIDENT OR ILLNESS BEGAN	IF INJURED, HOW AND WHERE DID ACCIDENT HAPPEN?		
NATURE OF ILLNESS, INJURY, OR MEDICAL CALL (DIAGNOSIS)			IS CONDITION RELATED TO EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU, THE PATIENT OR SPOUSE COVERED UNDER ANY OTHER GROUP PLAN, HEALTH MAINTENANCE ORGANIZATION, GOVERNMENT PLAN OR INSURANCE POLICY WHICH WILL ALSO PAY FOR ANY OF THE EXPENSES OF THIS CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE NAME, ADDRESS & POLICY NUMBER OF PLAN PROVIDING BENEFITS.			
NAME AND ADDRESS:			POLICY NO:

### PATIENT OR PARENT MUST SIGN BELOW

#### AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize any insurance company, prepayment organization, employer, hospital, or physician to release all information with respect to me or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services. I hereby certify the information provided is correct and true to the best of my knowledge.

Signature of Patient or Parent *(if patient is a minor)* \_\_\_\_\_

Date \_\_\_\_\_

## PROCEDURE FOR FILING A CLAIM

1. **Attach all medical bills relating to claim(s).**
  - A. **Make sure bills identify patient.**
  - B. **All bills should show date of treatment, description of service, and amount of charges.**
  - C. **All statements should have your identification number listed.**
  - D. **Mail to:**

**Regence BlueCross BlueShield of Utah**  
**P.O. Box 30272**  
**Salt Lake City, Utah 84130-0272**
2. For additional information you may call 333-2100 or toll-free 1-800-624-6519.  
For your convenience, our hours are from 7:30 a.m. to 6:00 p.m. Mountain Time, Monday - Friday.