HOW TO COMPLETE YOUR Out-of-Network Claim Form

BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

Get Your Out-of-Network Claim Processed Faster

Did you recently see a provider out of your plan's network? Start by checking your benefits book to make sure you have out-of-network coverage. If you submit an out-of-network claim form, it's important that Blue Cross Blue Shield of Arizona (BCBSAZ) receives key pieces of information from you to process your claim.

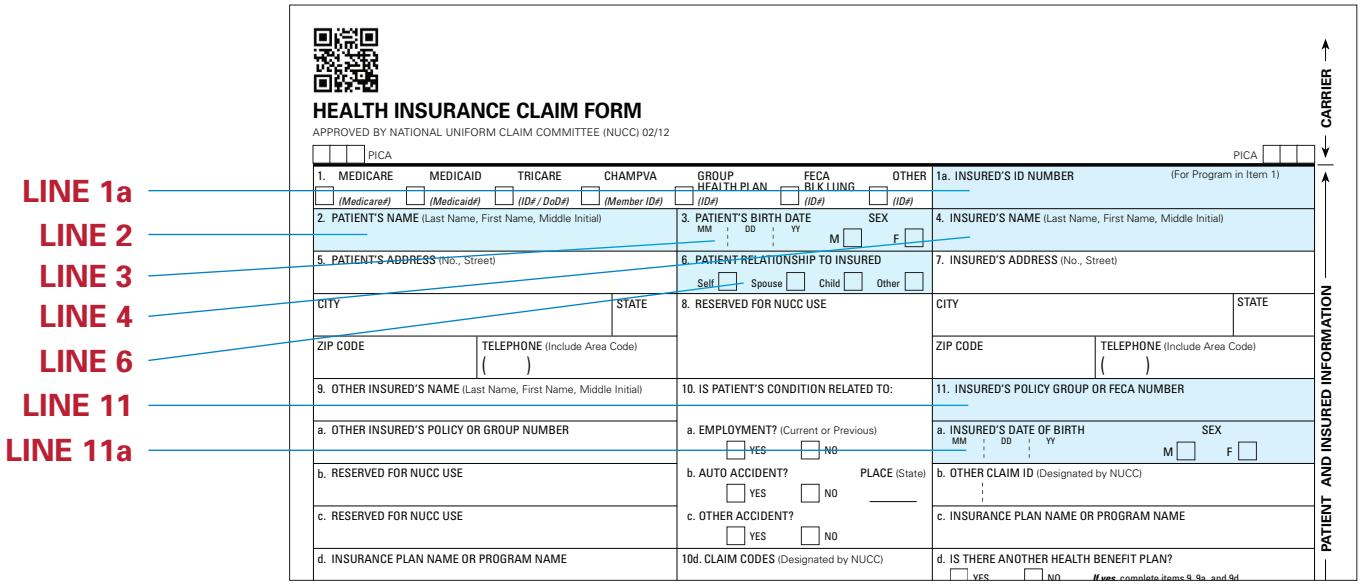
As you complete the form, you'll want to have your member ID card and the itemized statement from your provider handy.

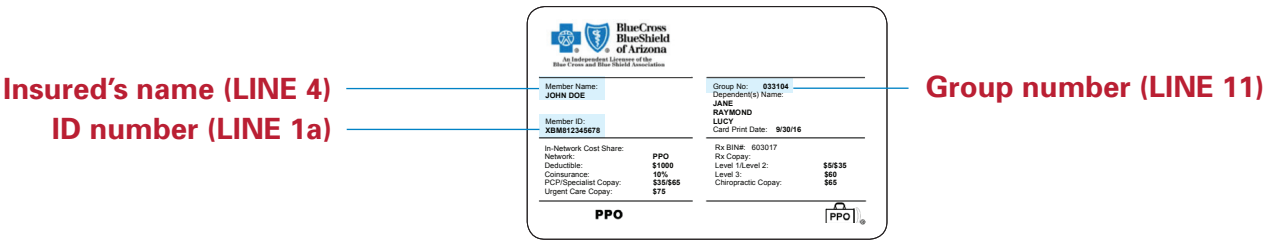
REMEMBER

Out-of-network claims must be submitted within one year of the date of service to be eligible for benefit.

Your Personal Information and Insurance Policy Details

The key to getting your claim processed is providing accurate and complete information on your claim form. The top half of the claim form covers your personal information and your insurance coverage. Have your member ID card nearby.





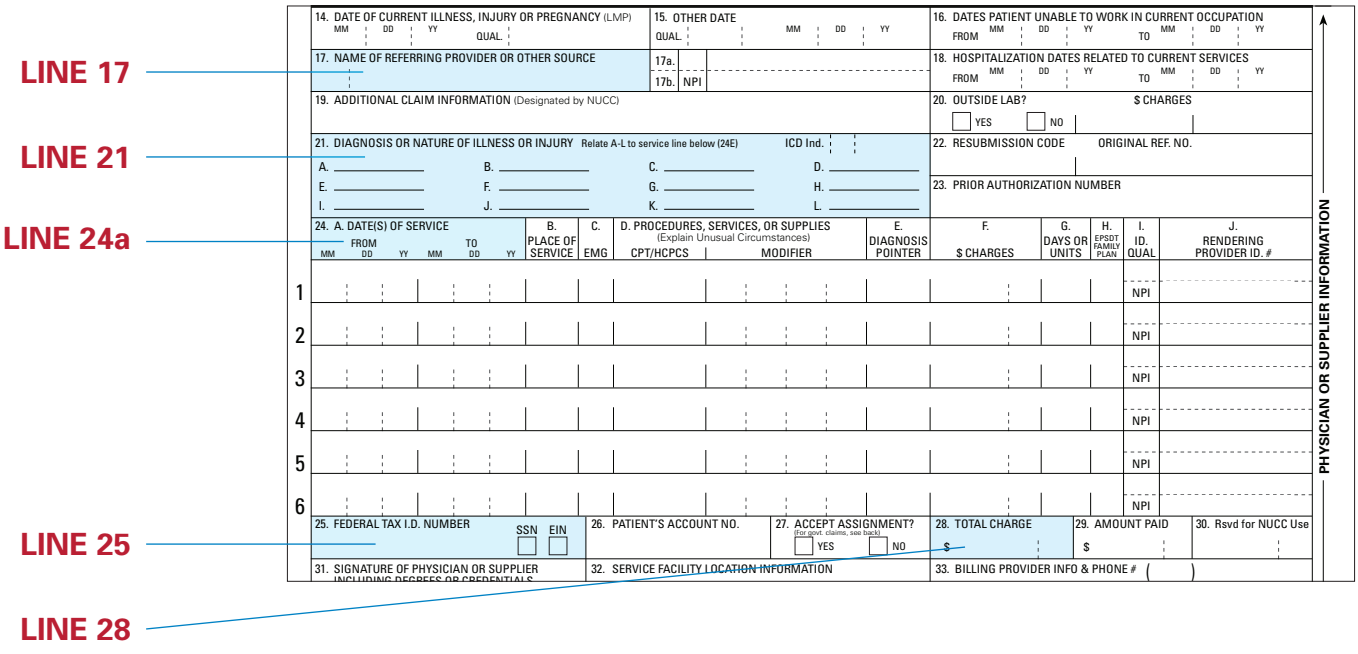
The key items on the form that MUST be completed are:

LINE 1a The insured's ID number (Member ID on your ID card)
LINE 2 The patient's first and last name
LINE 3 The patient's birthdate
LINE 4 The insured's name (Member Name on your ID card)
LINE 6 The patient's relationship to the insured
LINE 11 The insured's policy group number (Group No. on your ID card)
LINE 11a The insured's birthdate

That's it for this part of the form!

Your Provider and Diagnosis Information

The bottom half of the claim form requests information about your provider and your illness or injury. An itemized statement from your provider will be key to filling out this information. If you have a question about your statement and how to use it to fill out this part of the form, contact your provider.



The key items on the form that MUST be completed are:

LINE 17 The name of your provider
LINE 21 Your diagnosis—this will be a code (found on the statement from your provider). If there were multiple diagnoses, there are multiple codes.
LINE 24a Date of service—This is the date(s) you saw your provider.
LINE 25 Your provider's tax ID number (found on the statement)
LINE 28 Total charges (found on the statement)

That's it for this part of the form!

THAT'S IT!

Before submitting your form, double check that you have filled in these key pieces of information.

To submit your form, mail it to:

BLUE CROSS BLUE SHIELD OF ARIZONA
P.O. Box 2924
Phoenix, AZ 85002-2924

If we have any questions about your form, we'll contact you. Once your claim has been processed, you will receive an Explanation of Benefits confirming the claim was processed and what out-of-network benefit applies.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and 1 (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance, BCBSAZ's Civil Rights Coordinator 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, DC 20201, 1 (800) 368-1019, 1 (800) 537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló̜ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą́ doo bą́ąh ílínígóó. Ata' halne'ígíí koj̜į́' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 .تماس حاصل نمایید

Assyrian:

ܐܢ ܐܢܬܘܢ، ܐܘ ܚܕ ܡܢ ܕܥܕܪܝܬܘܢ ܠܗ، ܐܝܬܠܗ ܫܘܐܠܐ ܒܘܬ Blue Cross Blue Shield of Arizona، ܐܝܬܠܘܟܘܢ ܙܕܩܐ ܕܡܩܒܠܬܘܢ ܗܝܪܐ ܘܡܘܕܥܢܘܬܐ ܒܠܫܢܘܟܘܢ ܡܓܢܐܝܬ. ܠܡܡܠܠܐ ܥܡ ܚܕ ܡܬܪܓܡܢܐ، ܩܪܝ ܥܠ ܡܢܝܢܐ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกาลังช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 877-475-4799

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QUESTIONS?

If you need additional help completing this form,
please call the number on the back of your ID card.

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