

Claim Follow-Up Form

Provider information

Sent by	Date sent
Hospital/facility/physician	Phone number
NPI number	Provider TIN

Member information

Patient name	Date of service
Member ID number	Medicaid ID number

Instructions: Please attach the proper documentation, including a copy of any applicable correspondence received from Anthem Blue Cross and Blue Shield.

After completing this form, place it on top of all documentation and mail to:

Anthem Indiana
Claims
P.O. Box 61010
Virginia Beach, VA 23466

A copy of the claim should not be submitted with the documentation requested unless otherwise denoted by an asterisk (*).

Returned claim follow-up (Check all that apply.):

- Coordination of benefits/Medicaid information
- Corrected billing*
- Explanation of Medicare Benefits/Explanation of Benefits* of primary insurance carrier
- Hard copy of itemized bill for a previously submitted claim
- Medical records
- Patient eligibility verified (Provider Services, Interactive Voice Response, provider access)
- Other: _____

Claim adjustment request:

- Additional charges*

HMO use only (Consult your HMO agreement if you are uncertain which choice applies.)

- Eligibility guarantee claims
- Enrollment protection claims
- Noncap discrepancies
- Other: _____

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