WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

4000 House Avenue ** P O Box 2266
Cheyenne, WY 82003-2266

MEDICAL CLAIM FORM

(Instructions for filing on second page)

PARTICIPANT'S NAME *(Last, First, M.I.)*		MEMBER ID NUMBER	
HOME ADDRESS *(Street, City, State, Zip)*		IS THIS A NEW ADDRESS? ☐ Yes ☐ No	
PATIENT'S NAME *(Last, First, M.I.)*	☐ MALE ☐ FEMALE	DATE OF BIRTH *(MM/DD/YYYY)*	RELATIONSHIP TO PARTICIPANT ☐ Self ☐ Spouse ☐ Child

DESCRIBE THE ILLNESS, INJURY OR SYMPTOMS REQUIRING TREATMENT:

IF ILLNESS OR INJURY RESULTED FROM AN ACCIDENT, WAS IT DUE TO:	INDICATE DATE OF ACCIDENT *(MM/DD/YYYY)*
AUTO ☐ EMPLOYMENT ☐ OTHER ☐ (*Briefly Describe*) _____	

OTHER HEALTH INSURANCE:
Is the patient covered by additional health insurance through an employer, a group such as a professional organization or any other group health insurance, including other Blue Cross and/or Blue Shield coverage? ☐ YES ☐ NO
If yes, please complete this section.

NAME AND ADDRESS OF INSURING COMPANY *(Street, City, State, Zip)*	EFFECTIVE DATE *(MM/DD/YYYY)*	TERMINATION DATE *(MM/DD/YYYY)*

NAME OF POLICYHOLDER *(Last, First, M.I.)*	DATE OF BIRTH *(MM/DD/YYYY)*	IDENTIFICATION NUMBER *(Including all letters & numbers)*

I CERTIFY THAT THE ABOVE IS CORRECT AND COMPLETE AND THAT I AM CLAIMING BENEFITS ONLY FOR THE CHARGES INCURRED BY THE PATIENT NAMED ABOVE.

_____ _____

Signature of Participant Date

INSTRUCTIONS FOR FILING CLAIMS

1. A separate claim form must be submitted for each family member.

2. Itemized bills for covered services, supplies and durable medical equipment **MUST** be attached and show:

   A. Name of patient and date of birth
   B. Date of service and charge for each
   C. Type of services/supplies/equipment received (surgery, office calls, crutches, etc.)
   D. Description of illness or accident
   E. Date of accident

3. Bills for prescription medication must include above information as well as:

   A. Patient's Name
   B. Description of Illness or Accident
   C. Name of Drug
   D. Name of Pharmacy
   E. Prescribing Physician
   F. Date Purchased and Charge for Each Drug
   G. If actual drug receipt is not available, pharmacist signature is required

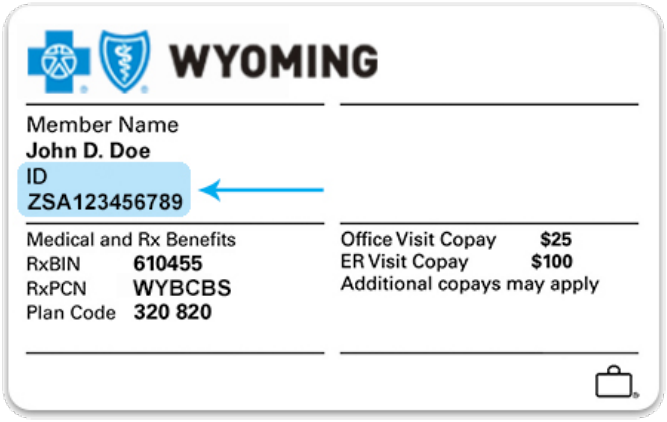
4. Questions on filing medical claims should be directed to the address below. If uploading to the Message Center, please attach any documentation and follow the instructions on the next page. Otherwise, please print, sign, attach documents and mail to:

Member Services Center
Blue Cross Blue Shield of Wyoming
P O Box 2266
Cheyenne, WY 82003-2266
307.634.1393
1.800.442.2376

NOTE: ***Balance*** *due statements, cash register receipts, cancelled checks and cash receipts* ***are not*** *acceptable.*

ITEMIZED BILLS CANNOT BE RETURNED

SAMPLE OF BCBS IDENTIFICATION CARD



Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) *or* fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL — Print and mail the completed form to:
Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD — Follow the directions below to securely upload your form at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message.**

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue.**

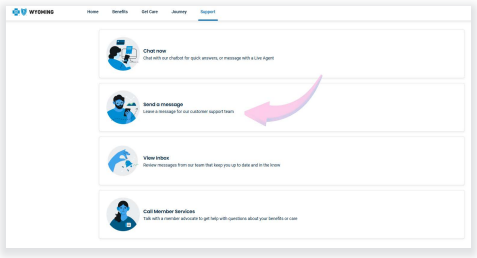
STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.



Message Center link, Desktop View