Anthem

# MEMBER CLAIM FORM
# WGS CLAIMS

MAIL CLAIM TO:
Anthem Blue Cross and Blue Shield
Attention: Latoya Hicks
P.O. Box 9907
Columbus, GA 31908-6007
OR FAX TO: 706-494-8646

| MEMBER NUMBER | GROUP NUMBER | NUMBER OF ITEMS ATTACHED |
|---|---|---|
| | | |

**PATIENT INFORMATION - Person who received services:**

| NAME (last, first, MI) | SEX | RELATIONSHIP TO SUBSCRIBER | DATE OF BIRTH |
|---|---|---|---|
| | ☐ MALE ☐ FEMALE | ☐ SELF ☐ CHILD ☐ SPOUSE ☐ OTHER | Mo. Day Yr. |

**PRIMARY MEMBER INFORMATION:**

NAME (last, first, MI)

ADDRESS City State Zip Code

☐ IMPORTANT Check here if this is a new address

**OTHER COVERAGE INFORMATION:**

IS THIS PATIENT COVERED BY ANY OTHER GROUP HEALTH CARE PLAN OR MEDICARE?
☐ YES ☐ NO

WAS CONDITION RELATED TO AN AUTOMOBILE ACCIDENT? ☐ YES ☐ NO

WAS CONDITION RELATED TO EMPLOYMENT? ☐ YES ☐ NO

If "YES" to either of the above questions, please complete the following:

| Policyholder's Name | DATE OF BIRTH Mo. Day Yr. | Policy Number |
|---|---|---|
| | | |

| Insurance Company's Name | Please indicate type of coverage |
|---|---|
| | ☐ Health ☐ Dental ☐ Vision ☐ Drug |

Insurance Company's Address City State Zip Code

| Employer's Name | Group No. | Medicare No. | Medicare Effective Date | Medicare |
|---|---|---|---|---|
| | | | | ☐ Part A ☐ Part B |

**MEDICAL INFORMATION:**

IS THIS AN ILLNESS ☐ OR INJURY ☐ MO DAY YR
IF INJURY, DATE OF INJURY IS REQUIRED

Describe the illness or injury which required treatment:

How did the injury occur?

| **PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE**- I authorize the release of any medical information necessary to process this claim and also certify that the above information is correct. | **READ THIS** | Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law. |
|---|---|---|
| SIGNED | | DATE |

**NOTE - Please indicate the physician providing service on each bill.**
**If you have questions or need any assistance, please call the number listed on your Member ID card**

*Independent Licensee of the Blue Cross Blue Shield Association*