

MEMBER CLAIM FORM SUBMISSION CHECKLIST

The Blue Cross and Blue Shield of Vermont claims team accepts some member-submitted claims for covered services with out-of-network (non-preferred) providers. Before submitting your claim for consideration, use the following checklist to ensure you have benefits available and avoid any processing delays.

REVIEW YOUR BENEFITS

To review your benefit plan, you may access your plan's Outline of Coverage by logging into our Member Resource (MRC) at www.bcbsvt.com/MRC and choosing Benefits/Coverage from the landing page.

Does your health plan include out-of-network benefits with this provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your health plan include benefits for the specific service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your health plan require prior approval for the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When applicable, include your prior approval reference number: _____

Tip: You may find your prior approval reference number on the prior approval decision letter you received from us. You may also locate your prior approval reference number by reviewing your prior approval within the MRC.

REVIEW YOUR DOCUMENTS

Along with your claim, you must submit an itemized receipt from your provider. The receipt must be on the provider's letterhead and include the following information. Ask your provider for help, if needed.

- The name of the patient
- The name of the person or place providing the service
- The provider's National Provider Identifier (NPI) and tax ID number
- The date of each service
- The description of each service performed (including the corresponding CPT® or HCPCS® code)
- The charge for each service
- The patient's diagnosis for the service provided (including the corresponding ICD-10 code)

Have you completed this submission checklist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an itemized receipt for this service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed a member claim form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GETTING HELP

If you would like assistance filling out this checklist and understanding your benefit plan, contact our customer service team! We love to help our members get the most out of their benefit plans. Call us using the number on the back of your ID card, or send us a secure message through our Member Resource Center by logging in at www.bcbsvt.com/MRC.