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INSTRUCTIONS FOR COMPLETION OF THE
"SUMMARY OF ITEMIZED BILLS"

In order to ensure fast and accurate processing of your Major Medical claim and help hold down health care costs, please make sure the itemization is complete and accurate. See the Illustration.

1. List each patient separately:
 - a. Patients full name
 - b. Month, day and year of birth.
 - c. Relationship of patient to insured
2. List all services individually
 - a. Be specific with description of services
 - b. Be sure to include drug name and strength
 - c. Give National Drug Code No.
3. Make sure the service date listed is the actual date--you received treatment and not the billing date, payment date, or receipt date.

| SUMMARY OF ITEMIZED BILLS | | | | | | | |
|---|--------------------------------|-----------------------------------|----------|-----------------------------------|------------------------|--|----------------------|
| YOU must itemize for each patient separately. All itemized bills must be attached. Completion of this section is a requirement for filing and will speed the processing of your claim. | | | | | | | |
| Patient Name (First) | | Middle (Initial) (Last) | | Birth Date Mo/Day/Yr | | Relationship (Self, Spouse, Son, Daughter, other) | |
| Susan | | B. Hadley | | 8-10-59 | | Spouse | |
| Prescription Drugs | | | | | | | |
| Name of Pharmacy | Date Filled | RX Number | Quantity | Days Supply | Drug Name and Strength | National Drug Code (NDC) | Total Charge C/MY |
| Stanley Rexal | 2-1-98 | 1234 | 45 | 15 | Inderal 5 mg | 00046-0473-76 | \$57.13 |
| Stanley Rexal | 3-2-98 | 5678 | 100 | 69 | Tagamet 200 mg | 000108-5012-01 | \$43.49 |
| Medical Pharmacy | 4-1-98 | 4150 | 50 | 120 | 200mg Miltin | 00086-0120-41 | \$11.00 |
| Revco | 5-13-98 | 6513 | 250 | 125 | Precocet | 000601-0127-400 | \$73.69 |
| Super D Drug | 6-2-98 | 7854 | 30 | 30 | Zantac 150mg | 00173-0344-01 | \$24.92 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Services other than Prescription Drugs | | | | | | | |
| Name of Physician, Hospital or .other Provider of Services | Description of Services | | | Date of Service Month/Day/Year | Amount of charge | | |
| Dr. Smith | Office Call | | | 7-1-98 | \$25.00 | | |
| Dr. Smith' | Blood Culture | | | 7-1-98 | \$11.00 | | |
| Dr. Warner | X-Ray Hand and Wrist | | | 8-1-98 | \$15.00 | | |
| Dr. Warner | Accident 8-1-98 Office Call | | | 8-8-98 | \$20.00 | | |

4. Invoices or individual bills must be included for each service submitted. Itemized bills for prescriptions should include drug name, National Drug Code (NDC #), quantity and days supply. (cash register receipts, balances on accounts or cancelled checks are not acceptable)
5. List only those services for which you are requesting reimbursement.
6. If services are due to an accident, be sure to Indicate the accident date and nature of accident beside each service involved.
7. Prompt filing of claims- Notice of your claim must be given to Blue Cross and Blue Shield of Kansas within one (1) year and ninety (90) days of the date from which your services were received.
8. Special instructions for Medicare Patients -When the patient is covered under Medicare Hospital Insurance (PartA), the "Notice of Health Insurance Utilization" form (or a copy of the form) pertaining to charges you are now claiming, must be enclosed with this claim form. When the patient is covered under Medicare Medical Insurance (Part B), the " Explanation of Medicare Benefits" form (or a copy of the form), pertaining to charges you are now claiming, must be enclosed with this form.
9. Send this completed form, together with itemized bills and supporting materials to:
 Blue Cross and Blue Shield of Kansas
 11 33 S.W. Topeka Boulevard - Topeka, Kansas 66629-0001
 (Additional claim forms can be obtained by contacting the Blue Cross and Blue Shield office in your area.)

