

Medical Claim Submissions Made Easy

When visiting a provider where you are responsible for payment at the time of service, use this claim form to request reimbursement for authorized services according to your plan document. You only need to fill out this form if your provider isn't filing the claim for you. Even if not part of a network, your provider still can file a claim for you. Do not use this form for Dental, Vision or Pharmacy claims. Send completed form and itemized receipts that indicate the services provided and the amount charged for each service: IMS_PO Box 1349_Wake Forest_NC 27588

1. Member Name	2. Member ID # (from ID card)	3. Member Group #	Member Group # (from ID card)	
4. Member Address		5. Phone Number		
6. Patient Name	tient Name		7. Patient Date of Birth	
8. Is Patient Covered for Medical Care by Ar	nother Plan (including Medicare)			
Yes Name of Other Plan	Rel	ationship to Member		
No	Kei	ationship to Member		
9. Is this Claim the result of an accident?				
Yes Date of Accident	Type of Accident Work Related	Auto Other		
Describe What Happened _ Not due to an Accident				
Not due to an Accident				
 Complete items below that apply to the serv diagnosis codes on the itemized receipt be server. 	ces rendered by your health care provider and atta supplied by the provider of the service.	ach documentation. IMS requires tha	t procedure codes and	
te of Procedure Code(s) Diagraphics	nosis Code(s) Provider Name and Phone Number	Provider Tax ID Number	Provider Charge	
complete and correct. If the patient is a or other individual as appropriate under to the use and disclosure of information	ease of any information to Interactive Medica minor, a parent must sign the statement. Ot state law. By signing the statement, the pat relating to the services provided by the hea nission of a claim for benefits to a provider o	her authorized representatives ir ient (or parent or other authorize Ith care professional for the purp	nclude caretaker, go d representative), o	
SIGNATURE OF MEMBER	·	DATE SIGNED		
		-		

vviiai nappelis nexi:

Each time IMS processes a claim, we explain how we processed it in the form of an Explanation of Benefits (EOB). If you have not received your EOB within 30 days from submission of your Claim Form, please call IMS for confirmation that your claim was received and with any questions. 800-426-8739 Option 2 for Member