



MEDICARE ADVANTAGE PLANS
Member Claim Form

MEMBER INFORMATION

Member's Name	Member ID Number:		
	Group Number:		
Member's Address	Gender: ☐ Male ☐ Female	Date of Birth:	Do you have other insurance? ☐ Yes ☐ No

PROVIDER INFORMATION

Provider's or Facility's Name	Date of Services:
Provider's Address (if not on the billing statement):	Place of Treatment: ☐ Office ☐ Hospital ☐ Urgent Care ☐ Clinic ☐ ER ☐ Other_____

CLAIM INFORMATION

What type of services did you receive and why?	Why did you see this provider?
Please check if injection: ☐ Flu Shot ☐ Pneumonia ☐ Other_____	Additional Information: ☐ Out of Country Claim ☐ Other_____

ADDITIONAL INFORMATION

Authorized Signature of Member or Member Services Representative	Date Submitted:
Comments	

MEDICARE ADVANTAGE MEMBER SUBMITTED CLAIM FORM

Please use this form to file your provider's billing statement with Medicare Advantage.

1. Complete the member's information section below.
2. Complete the provider's information section below.
3. Complete the claim information section below.

Include the following if available:

- Bills for accident services must contain an accurate date of injury.
- Complete dates of services including from and through dates when applicable.
- Place of treatment, unless bill is a receipt for diabetic supplies or pharmacy items.
- Add all information about the services that can be obtained. Be specific.

4. Complete a separate form for each claim.
5. Attach a copy of each provider's itemized bill or claims form that includes procedure code and diagnosis (if available).
6. Attach copies of your paid receipt

Mail all forms to: Range Health
P.O. Box 9018
Boise, ID 83707-9018

WARNING: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, is guilty of a felony. In cases of proven fraud, Range Health will terminate agreements for services and benefits, seek restitution of dollars lost, and pursue criminal prosecution to the full extent of the law.



Range Health

P.O. Box 9018
Boise, ID 83707-9018

1-833-574-6031 (TTY: 711)

medicare.bcidaho.com