

# Instructions for completion of the "Summary of Itemized Bills"

In order to ensure fast and accurate processing of your 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. Patient's full name
  - b. Month, day and year of birth
  - c. Relationship of patient to member.
2. List all services individually in service date order.
  - a. Be specific with description of services.
  - b. Be sure to include drug name, the NDC # (National Drug Code), Days supply and Quantity of each prescription drug listed.

### Summary of Itemized Bills

You **must** itemize your expenses 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.

Accident/ME Date MO DAY YR	Identification Number	Name of Patient (First) (MI) (Last)	Birth Date MO/ DAY/ YR	Relationship (Self, Spouse, Son, Daughter, Other)
8   21   08	651824123	Susan B Hadley	8-10-59	Spouse

  

Name of Physician, Hospital, Pharmacy or other Provider of Service	Description of Service, if drug include name, days supply and quantity	National Drug Code (NDC#)	Date of Service MO/ DAY/ YR	Units	Amount of Charge	Diagnosis
Dr. James Smith	Thyroid Panel		8-19-08		\$6.00	Testing for Thyroid
Dr. James Smith	Blood Culture		8-19-08		\$11.00	Testing for Thyroid
Dr. Mark Warner	Accident 8-21-07 Tetanus Shot		8-19-08		\$10.00	Stepped on nail
Dr. Mark Warner	Penicillin Injection		8-19-08		\$8.00	Stepped on nail
Dr. Mark Warner	X-ray hand & wrist		Accident 1-7-08		\$15.00	Shut hand in door
Dr. Mark Warner	Accident 1-21-07 Office Visit		1-8-08		\$20.00	Shut hand in door
Stanley's Rexall Drug	30 day supply, 800 Tylenol w/ Codeine	00045-0508-16	12-30-07		\$14.40	Pain in Back
Johnson's Prescription Center	30 day supply, 800 Inderal	00046-0421-60	12-30-07		\$30.50	High blood pressure

3. Make sure the service date listed is the **actual date** you received treatment and **not** the billing date, payment date, or receipt date.
4. List the specific diagnosis for each date of service.
5. **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.)
6. List **only** those services for which you are requesting reimbursement.
7. If services are due to an accident, be sure to indicate the accident date and nature of accident beside each service involved.
8. **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.
9. **Special Instructions for Medicare patients** - When the patient is covered under Medicare hospital insurance (Part A), the "Notice of Health Insurance Utilization" form (or 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 copy of the form), pertaining to charges you are now claiming, must be enclosed with this form.
10. Send this completed form, together with itemized bills and supporting materials to:
 

Blue Cross and Blue Shield of Kansas  
1133 S.W. Topeka Boulevard - Topeka, Kansas 66629-0001

(Additional claim forms can be obtained by contacting the Blue Cross and Blue Shield of Kansas office in your area.)

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