

SECTION IV: Services and Supplies To Be Considered For Reimbursement

These may include ambulance services, medical appliances, diabetic supplies, glasses and/or contact lenses or out-of-network services. BCBSNC requires that procedure codes and diagnosis codes on the itemized receipt be supplied by the provider of the service. Claims or itemized receipts received without the information below will be RETURNED.

If services were rendered outside of the USA, please indicate: Country: _____ Currency Used: _____

Date of Service (MM/DD/YY)	Procedure Codes or Description of Service/Supplies	Diagnosis Codes or Symptoms You Sought Treatment For	Charge
01-05-07	EXAMPLE: Office Visit	Cold and Flu Symptoms	\$54.00
08-17-12	Office Visit - New 99204	278.01	100.00
08-17-12	CBC 85025	278.01	50.00
08-17-12	Fastin (Phentermine 30mg) [REDACTED]	278.01	30.00
08-17-12	HCG injection	278.01	15.00
09-18-12	Office Visit - Estab. 99212	278.01	50.00
09-18-12	Fastin (Phentermine 30mg) [REDACTED]	278.01	35.00
09-18-12	HCG injection	278.01	15.00
08-27-12	HCG injection	278.01	15.00
09-05-12	HCG injection	278.01	15.00
09-11-12	HCG injection	278.01	15.00

SECTION V: Private Duty Nursing Enclose a copy of your receipts for these services.

Date of Service (MM/DD/YY)	Name of Nurse	Indicate RN, LPN or CNA	License Number	Hours Worked	Charge
03-10-07	EXAMPLE: Ms. Jane M. Doe	LPN	123456	8	\$160.00

SECTION VI: Mailing Information

MAIL THIS FORM, ITEMIZED RECEIPTS AND EXPLANATION OF BENEFITS (if applicable) TO:
 Blue Cross and Blue Shield of North Carolina
 P.O. Box 30087
 Durham, NC 27702

If a claim is for prescription drugs or insulin that are not being filed for you, please complete a prescription drug claim form and mail to:
 Medco
 P.O. Box 14711
 Lexington, KY 40512

- DID YOU REMEMBER TO:**
- Use blue or black ink to complete the form?
 - Attach the Explanation of Benefits, if applicable?
 - Attach itemized receipts?
 - Provide your signature below?
 - Keep a copy of this form and your receipts?

I certify that the information on this form is correct and the expenses incurred were necessary for the services filed.

Laura U. Yavelow

Daytime Phone (828) 619-0250

27174	9/27/12	① hcg	15	15	C	E	Laura Gavelow
RECEIPT NUMBER	DATE	DIAGNOSIS CODE	CHARGE	PAYMENT	CURRENT BALANCE	PREVIOUS BALANCE	NAME

THIS IS YOUR RECEIPT FOR THIS AMOUNT \uparrow
 THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE \uparrow



SERVICES RENDERED	CPT CODE	FEE
Office Visit - New	99204	_____
Office Visit - Established Patient	99212	_____
CBC	85025	_____
HDL Cholesterol	83718	_____
T4	84436	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL		\$ _____

67179

NEXT APPOINTMENT _____ AT _____
 DATE TIME

27433	9/15/12	① hcg	15	15	C	E	Laura Gavelow
RECEIPT NUMBER	DATE	DIAGNOSIS CODE	CHARGE	PAYMENT	CURRENT BALANCE	PREVIOUS BALANCE	NAME

THIS IS YOUR RECEIPT FOR THIS AMOUNT \uparrow
 THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE \uparrow



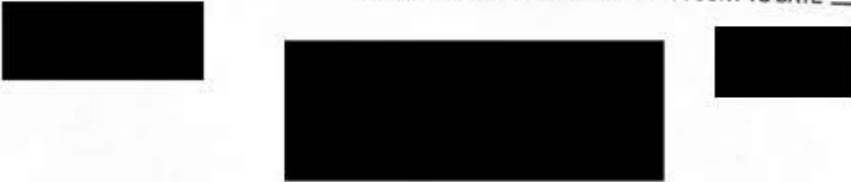
SERVICES RENDERED	CPT CODE	FEE
Office Visit - New	99204	_____
Office Visit - Established Patient	99212	_____
CBC	85025	_____
HDL Cholesterol	83718	_____
T4	84436	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL		\$ _____

67433

NEXT APPOINTMENT _____ AT _____
 DATE TIME

27631	9/14/12	① hcg	15	15	C	E	Laura Gavelow
RECEIPT NUMBER	DATE	DIAGNOSIS CODE	CHARGE	PAYMENT	CURRENT BALANCE	PREVIOUS BALANCE	NAME

THIS IS YOUR RECEIPT FOR THIS AMOUNT \uparrow
 THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE \uparrow



SERVICES RENDERED	CPT CODE	FEE
Office Visit - New	99204	_____
Office Visit - Established Patient	99212	_____
CBC	85025	_____
HDL Cholesterol	83718	_____
T4	84436	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL		\$ _____

67631

NEXT APPOINTMENT _____ AT _____
 DATE TIME

CC188915 (11-09)

CC188915 (11-09)

06960	08/17/12	OV-728 (Hcg)	195	195	-	E	Laura Yavelow F2
RECEIPT NUMBER	DATE	DIAGNOSIS CODE	CHARGE	PAYMENT	CURRENT BALANCE	PREVIOUS BALANCE	NAME

99204

THIS IS YOUR RECEIPT FOR THIS AMOUNT ↑
THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE ↑

[REDACTED]

278.01

[REDACTED]

[REDACTED]

SERVICES RENDERED	CPT CODE	FEE
Office Visit - New	99204	100
Office Visit - Established Patient	99212	50
CBC	85025	50
HDL Cholesterol	83718	—
T4	84436	30
Other	FAST IN #20	15
Other	H.15 HCG	15
TOTAL		\$ 195

66960

NEXT APPOINTMENT _____ AT _____ TIME _____

DATE 08/17/2012 TIME 12:34:34

[REDACTED]

CREDIT SALE

TRANS RUTH # [REDACTED]

VISA ACCOUNT # 0650

SALE AMOUNT \$195.00

CUSTOMER COPY

7780	09/18/12	OV 728 (1)	100	100	-	E	Laura Yavelow F28
RECEIPT NUMBER	DATE	DIAGNOSIS CODE	CHARGE	PAYMENT	CURRENT BALANCE	PREVIOUS BALANCE	NAME

99212

THIS IS YOUR RECEIPT FOR THIS AMOUNT ↑
THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE ↑

[REDACTED]

278.01

[REDACTED]

[REDACTED]

SERVICES RENDERED	CPT CODE	FEE
Office Visit - New	99204	50
Office Visit - Established Patient	99212	50
CBC	85025	—
HDL Cholesterol	83718	—
T4	84436	—
Other	FAST IN #20	35
Other	HCG #15	15
TOTAL		\$ 100

67780

(100)

NEXT APPOINTMENT _____ AT _____ TIME _____

CC180915 (11-09)

CC180915 (11-09)