BlueCross BlueShield of Montana

# Health Fair, Lab & Immunization Submission Form

Please complete this form for any of the following services and submit it with your receipts to the address listed below:

- Immunization services provided by a Health Department , Health Fair, or Pharmacy
- Any lab services provided by a Health Department or at a Health Fair

Instructions:

1. Submit one form per member.
2. Receipt must be attached and itemized. The receipt must include procedure code(s) and/or a description of the service(s) rendered.
3. Charges must be indicated for each billed procedure(s).
4. Sign and date the form. Include receipt and make a copy for your records.
5. Mail the completed form and receipt to:

Blue Cross and Blue Shield of Montana
P.O. Box 7982
Helena, MT 59604

| Health Plan ID # | Group # | Subscriber Name | Date of Birth |
|---|---|---|---|
| | | | |

| Patient Name | Date of Birth | Relationship to Subscriber |
|---|---|---|
| | | |

| Patient Street Address | City, State, Zip Code |
|---|---|
| | |

| Date of Service | Payee (Circle One)<br><br>Member Provider |
|---|---|
| | |

By signing, I am certifying that the above information is true and accurate.

_____ _____

Signature of person completing this form Date