

BILLING INSTRUCTIONS

Anthem Blue Cross Student & Athletic Insurance Network (S.A.I.N.)
Student Health Claims Dept. Attn: Claims Manager
21215 Burbank Blvd., Woodland Hills, CA 91367

TO MEDICAL PROVIDER:

This patient is a student at Santa Monica Community College and is referred to your facility for treatment of a college-related injury. This verifies that the college insurance, a PPO insurance, is only partly responsible for medical charges incurred for an injury. Attach all HCFA or UB92 bills to the Student Athlete Insurance Network, Accident Claim Verification Form and mail to above address.

Please Note: College insurance coverage depends on whether the student does/does not have other private insurance. Medical benefits are limited. Read the policy for details and care not covered.

FOR A PATIENT WITH PRIVATE INSURANCE:

FIRST: Submit your bills to your private insurance
SECOND: Submit claim, itemized statement of original bill and EOB (Explanation of Benefits) to Blue Cross at Woodland Hills address (Blue Cross=secondary coverage).

Deductible: Blue Cross deductible is \$100 for athletes and \$50 for other students.
Coverage: 100% if physician/facility is a Blue Cross PPO member, or 60% if physician/facility is not a Blue Cross PPO member.
Please read *Medical Benefit Maximums* in the Information Bulletin.

FOR A PATIENT WITHOUT PRIVATE INSURANCE:

Deductible: Blue Cross deductible is \$100 for athletes; \$50 for other students.
Coverage: 100% if physician/facility is a Blue Cross PPO member, or 60% if physician/facility is not a Blue Cross PPO member.
Please read *Medical Benefit Maximums* in the Information Bulletin.

NOTE: We recommend that injured students ask the physician/facility first whether they are a Blue Cross Prudent Buyer provider. If they are, 100% (after deductible) of bill will be paid; if they are not, the student will be responsible for 40% (after deductible) of the bill. Santa Monica College pays deductibles.

HOW TO SUBMIT YOUR BILLS:

To submit the claim/charges to Blue Cross, Student Health Claims Department 21215 Burbank Blvd., Woodland Hills, CA 91367, send the following:

1. Copy of Student & Athlete Insurance Accident Claim form
2. Copy of your itemized statement
3. Copy of EOB (Explanation of Benefits) from student's private insurance-when applicable.

When the student/patient does not have a copy of the claim form - item #1 above, please contact the College Student Health Center or College Trainer.

NOTE: Please submit your claims/charges directly to Blue Cross. Billings submitted to insurance companies must be an HCFA bill or Form UB92. Submitting a balance due is not acceptable for reimbursement or processing purposes. If you have any further questions regarding your claim or its status, please call Blue Cross directly at (866) 811-7946.

I HAVE READ AND UNDERSTAND THE BILLING INSTRUCTIONS

PRINT STUDENT NAME

SIGNATURE

DATE

White copy: Risk Management - Yellow copy: Health Office - Pink copy: Student