

Filing a Health Insurance Claim

When do you need to file a medical claim?

Participating providers have agreed to file your claims for you. When you receive care from a non-participating provider, you will need to file your claim yourself. Before you can file a claim, you need to receive an itemized bill from your health care provider.

How do you file a medical claim?

First, you must receive the proper itemized bill from your health care provider before you can file a claim. Then, you must complete the Blue Cross & Blue Shield Medical Claim Form. Be sure to read the instructions on the claim form carefully and complete the entire form to avoid delays in processing.

With whom do you file a medical claim?

You should send your completed medical claim forms to:
Blue Cross & Blue Shield of Mississippi
P.O. Box 23071
Jackson, MS 39225-3071

Or fax claims to 601-664-5342.

How do you file a claim when the Plan is not your primary source of medical coverage?

First, file a claim with your “primary” plan and request an Explanation of Benefits (EOB) from that plan. Your second step is to file the claim with your “secondary” plan, which in this case is the State and School Employees’ Health Plan. When you file with the Plan, please be sure to include a copy of your primary plan’s EOB with your paperwork.

If Medicare is your primary coverage, you would use this same claims filing process when filing for secondary coverage under the Plan.

How can you get a claim form?

[Click Here for the Claim Form](#)

Is there a time limit for filing claims?

Yes, there is a deadline for filing medical claims. All claims must be filed with Blue Cross & Blue Shield by the end of the calendar year following the year in which you received care. ***A Special Note about Medical Claims: BCBSMS does not consider a claim to be received for processing until the claim is actually received in the proper form, with all of the necessary information provided. If BCBSMS needs additional information before the claim can be processed, that information must be promptly submitted but no later than the end of the calendar year following the year in which the services were provided. It is the participant's responsibility to ensure that claims are filed within the time limits. Claims filed after the time limits have expired are not eligible for benefits and will be denied.***

I would like to have a claim reviewed. How do I begin the appeals process?

You have 180 days to submit a written request for a review after receiving notice of denial from Blue Cross & Blue Shield of Mississippi. If you do not request a review within this timeframe, you will lose your right to review.

Here Are Some Tips to Help You File Your Next Claim

- Keep all receipts from non-participating pharmacies and physicians.
- File your claim promptly.
- Use the correct form. (Remember, there are separate claim forms for medical and prescription drug benefits.)
- Complete the entire form.
- Make a copy of your completed form to keep for your own records.
- Mail the claim form to the correct address or fax claims to 601-664-5342.

A great resource for answers to health insurance questions can be found at <http://knowyourbenefits.dfa.state.ms.us/>.