

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.

How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



The BlueCard[®] Program

March 2026

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Welcome!

Today's presentation will take you on a journey through:

- How the BlueCard Program Works
- Identifying Members
- Using iLinkBlue
- Claims
- Online Resources
- Provider Support





How the BlueCard Program works

What is the BlueCard Program?

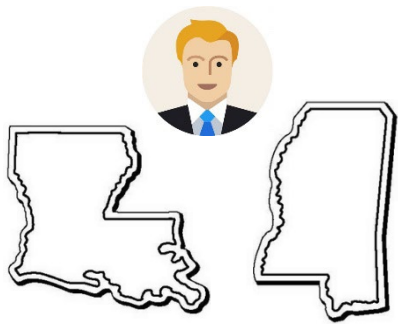
- A national program that enables members of one Blue Cross and Blue Shield (BCBS) plan to obtain in-network healthcare services while traveling or living in another BCBS Plan service area.
- It links participating healthcare providers with other Blue Plans across the country, and in more than 200 countries and territories worldwide, through a single electronic network for professional, outpatient and inpatient claims processing and reimbursement.
- Members have access to participating doctors and hospitals worldwide.

DID YOU KNOW?

More than 430,000 members from other Blue Plans reside in Louisiana.



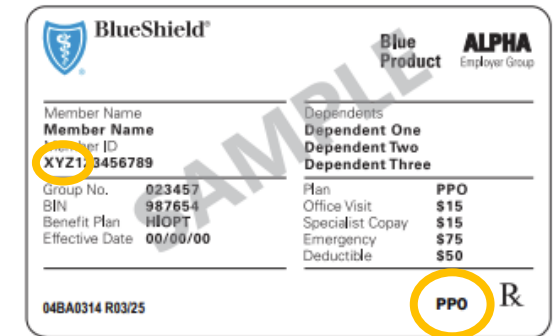
How the BlueCard Program Works



An Out-of-Area (OOA) Blue member with Blue Cross and Blue Shield of Mississippi (BCBSMS) benefits lives in Louisiana and visits a Louisiana Blue Preferred Care PPO network provider.



Louisiana provider recognizes the acronym or the network indicator on the member ID card and verifies membership and coverage using iLinkBlue or by calling BlueCard Eligibility.



ilinkBlue

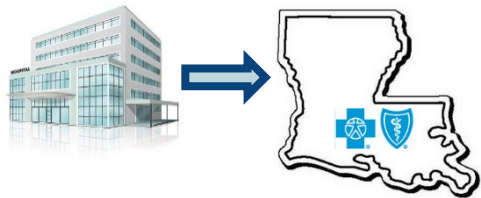
www.lablue.com/ilinkblue

BlueCard Eligibility

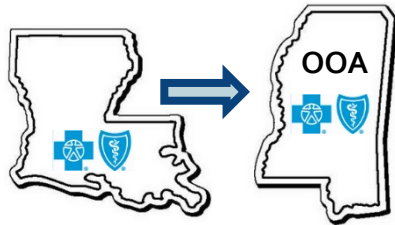
1-800-676-BLUE

(1-800-676-2583)

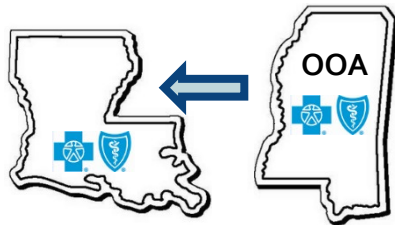
How the BlueCard Program Works



Louisiana provider submits claim to Louisiana Blue.



Louisiana Blue submits electronic transaction to BCBSMS. BCBSMS applies the member's benefits (medical policy, authorization requirements, coverage limitations, etc.).



BCBSMS routes the claim back to Louisiana Blue for provider reimbursement.



Louisiana Blue issues remittance and payment to our provider. BCBSMS issues an explanation of benefits (EOB) to the member.

Some ancillary services have different filing rules. Please reference the "Ancillary Claims" section of *The BlueCard Program Provider Manual* found online at www.lablue.com/providers >Resources >Manuals.

How the BlueCard Program Works

- Always verify a member's benefits with the member's plan. BlueCard Eligibility, 1-800-676-BLUE, has information about:
 - Eligibility and coverage
 - Dependents
 - Deductibles
 - Copayments
 - Coinsurance
 - Benefit maximums
 - Referral and authorization information
 - Other benefit information
- Admitting hospital or provider must request authorization from the home Plan for inpatient admissions. Claims without prior authorization may be denied.
- Collect any member cost share for services.



Identifying Members

BlueCard Products

BlueCard excludes:



- Stand-alone dental
- Vision delivered through an intermediary model
- Self-administered prescription drugs delivered through an intermediary model
- Medicaid and SCHIP that is part of the Medicaid program
- Federal Employee Program (FEP)*
- Medicare Advantage**

*FEP members have the letter “R” in front of their member number. Please follow your FEP billing guidelines for these contracts.

**Medicare Advantage is a separate program from BlueCard and delivered through its own centrally administered platform. However, since you might see members of other BCBS Plans who have Medicare Advantage coverage, there is a section on Medicare Advantage claims processing in *The BlueCard Program Provider Manual*.

Identifying FEP Members

ID cards for FEP members do not display a three-character prefix. Rather, all FEP member ID numbers begin with the letter “R,” as highlighted on the sample ID cards below.



FEP members are excluded from the BlueCard Program.


BlueCross BlueShield
Federal Employee Program.

Government-Wide Service Benefit Plan Standard

Member Name: **BLUE SUBSCRIBER**
Member ID: **R0000000**

NO PRESCRIPTION DRUG BENEFIT

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/standardpostal.




BlueCross BlueShield
Federal Employee Program.

Government-Wide Service Benefit Plan Basic

Member Name: **BLUE SUBSCRIBER**
Member ID: **R0000000**

RxBIN: 610239
RxPCN: FEPRX
RxGrp: 65006500

Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basicpostal.



BlueCross BlueShield
Federal Employee Program.


Government-Wide Service Benefit Plan Focus

Member Name: **BLUE SUBSCRIBER**
Member ID: **R0000000**

FEP Medicare Prescription Drug Program (MPDP)
CMS S2135 806

RxBIN: 004336
RxPCN: MEDDADV
RxGrp: RX7117

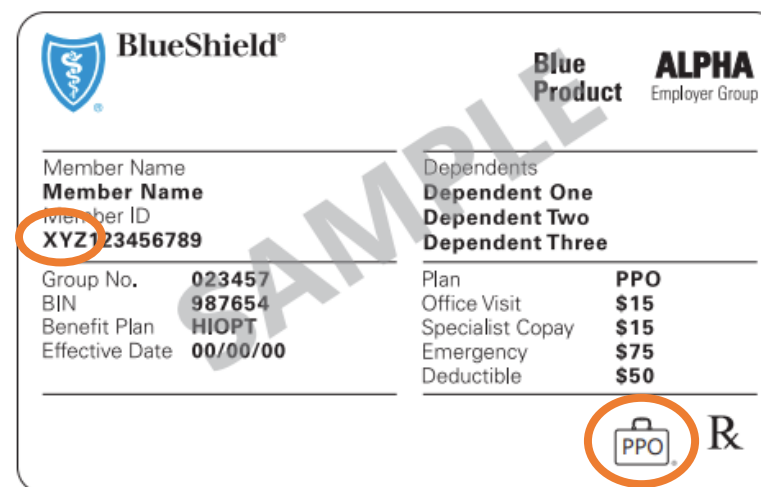
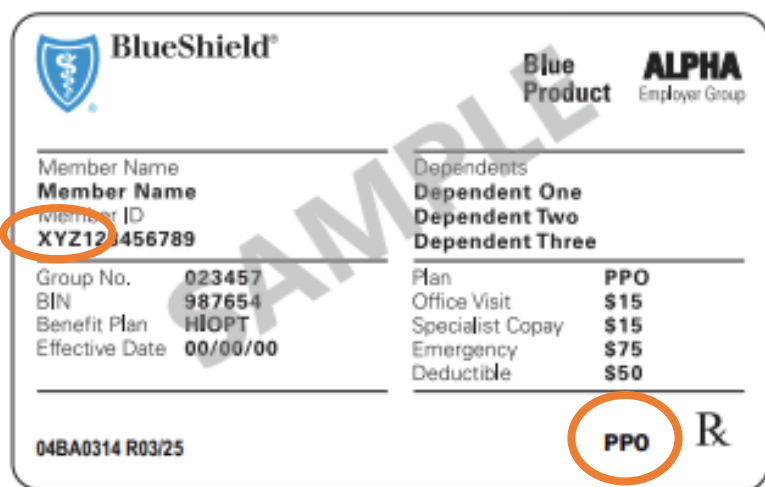
Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/focuspostal.



Identifying BlueCard Members

BlueCard ID cards may have a suitcase logo or may simply include the product indicator (i.e., a PPO member ID card may include a PPO in a suitcase logo or just the PPO acronym).

The three-character prefix at the beginning of the member ID number is the key element used to identify and correctly route out-of-area claims.



Helpful tips:

- Regularly obtain new copies of the member ID card (front and back).
- Verify the member's eligibility through iLinkBlue or by calling BlueCard Eligibility at 1-800-676-2583.
- Carefully determine the member's financial responsibility before processing payment.
- If the member is using an HSA or HRA debit card, be sure to verify the member's cost share before processing payment.

ID Card Prefixes

The majority of Blue-branded ID cards display a three-character prefix in the first three positions of the subscriber's ID number.

Exceptions include:

- Stand-alone vision and pharmacy when delivered through an intermediary model*
- Stand-alone dental products*
- Federal Employee Program (FEP) – has the letter “R” in front of the ID number*

*Follow instructions printed on these ID cards for how to verify eligibility, submit claims and for contact information.

The prefix is critical for any inquiries regarding the member, including eligibility and benefits, and is necessary for proper claim filing.

A1C1234567

A1C1234H567

A1CD1234H567

A1CD1234H56789012

When filing the claim, always enter the ID number exactly as it appears on the member's card, inclusive of the prefix, and include this complete identification number on any documents pertaining to services to ensure accurate handling by the Blue Plan. If the card presented has no prefix, follow the instructions on the back of the card for claims handling.

Identifying BlueCard Member ID Cards



The PPO in a suitcase logo or PPO acronym indicates the member is enrolled in a Blue Plan's PPO or EPO product.



The PPOB suitcase logo or the PPO B product indicates the member has access to the exchange PPO network, referred to as BlueCard PPO basic.



The empty suitcase logo, or ID cards with TRAD, HMO, or POS product indicators, indicates the member is enrolled in a Blue Plan's traditional, HMO, POS or limited benefits product.

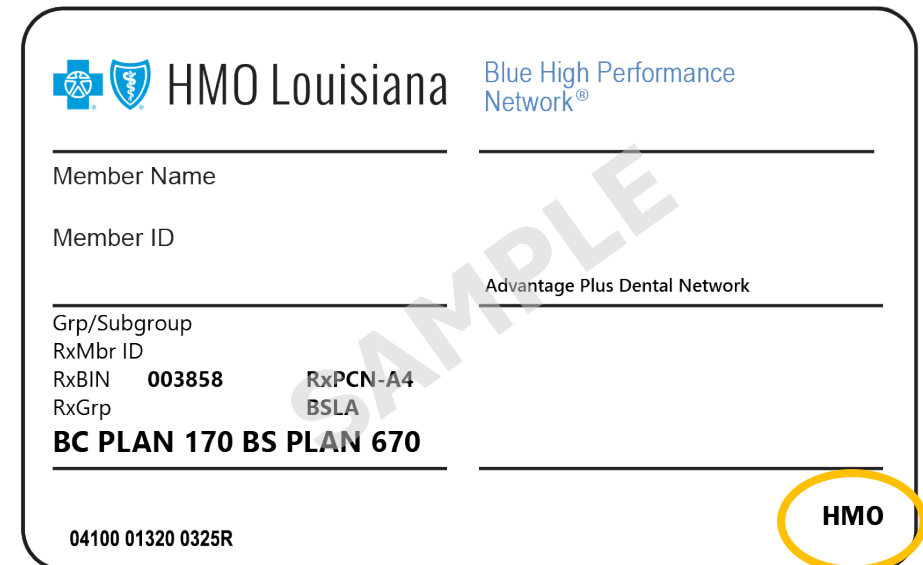


The BlueHPN suitcase logo or the BlueHPN name on the ID card indicates the member is enrolled in a Blue High Performance Network[®] (BlueHPN[®]) product.

Some member ID cards do not have a prefix or suitcase logo, which may indicate that claims are handled outside of the BlueCard Program. Please look for instructions or a telephone number on the back of the card for how to file claims.

Identifying BlueHPN Member ID Cards

- BlueHPN is an Exclusive Provider Organization (EPO). This means benefits are only covered for care by in-network providers.
- It is important to note that for non-BlueHPN providers, benefits for services incurred are limited to emergent care within BlueHPN product areas, and to urgent and emergent care outside of BlueHPN product areas.
- Benefit limitations are included on the back of the BlueHPN member ID card.
- BlueHPN members are recognizable by the Blue High Performance Network name or BlueHPN acronym on the member ID card. Some ID cards may still include the BlueHPN in a suitcase logo.



Changes in Member ID Cards

Effective Jan. 1, 2025, members may present Blue Cross and Blue Shield ID cards that no longer include the various suitcase logos.

- The suitcase logo will be replaced with the applicable product indicator (i.e., rather than the PPO in a suitcase logo, PPO member ID cards will now just include the PPO acronym).
- This does not impact member benefits or a member's network access.
- You should continue to follow the normal process for verifying member benefits and eligibility.
- Transition from the use of the suitcase logo is expected to be a multi-year approach. In the interim, you may continue to see cards with the applicable logo.

Medicare Advantage Members from Other Blue Plans

- Medicare Advantage (MA) is the program alternative to standard Medicare Part A and Part B fee-for-service coverage, generally referred to as “traditional Medicare.”
- All Medicare Advantage Blue Plans must offer beneficiaries at least the standard Medicare Part A and B benefits, but many offer additional covered services.
- Medicare Advantage organizations may also offer a Special Needs Plan (SNP).
- MA Blue Plans may allow in- and out-of-network benefits, depending on the type of product selected.

To verify eligibility and/or benefits for MA members from other Blue Plans, call BlueCard Eligibility, or submit an inquiry through **iLinkBlue**.



Louisiana Blue offers two MA products statewide

- Blue Advantage (HMO)
- Blue Advantage (PPO)

Benefit and eligibility for these products are handled through the iLinkBlue (www.lablue.com/ilinkblue > Coverage >Blue Advantage). This tool is not used for BlueCard MA members.

Medicare Advantage PPO Network Sharing

All Blue Plans that offer a MA PPO Plan participate in reciprocal network sharing. This allows Blue MA PPO members to obtain in-network benefits in the service area of any other Blue MA PPO Plan as long as the member sees a contracted MA PPO provider.

If you are a participating provider in our MA PPO network...

you should provide the same access to care for Blue MA PPO members as you do for our members. Services will be reimbursed in accordance with your Louisiana Blue MA PPO allowable charges. The Blue MA PPO member's in-network benefits will apply.

If you are NOT a participating provider in our MA PPO network...

but do accept Medicare and you see Blue MA PPO members; you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergent care, you will be reimbursed at the member's in-network benefit level.

If your practice is closed to new members...

you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members.



Blue MA PPO members are recognizable by the “MA” suitcase or network indicator on the member ID card.



Using iLinkBlue

Navigating iLinkBlue

Top Navigation

The top navigation streamlines iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

Quick Links

This area contains shortcuts to the six most-used iLinkBlue functions.

Message Board

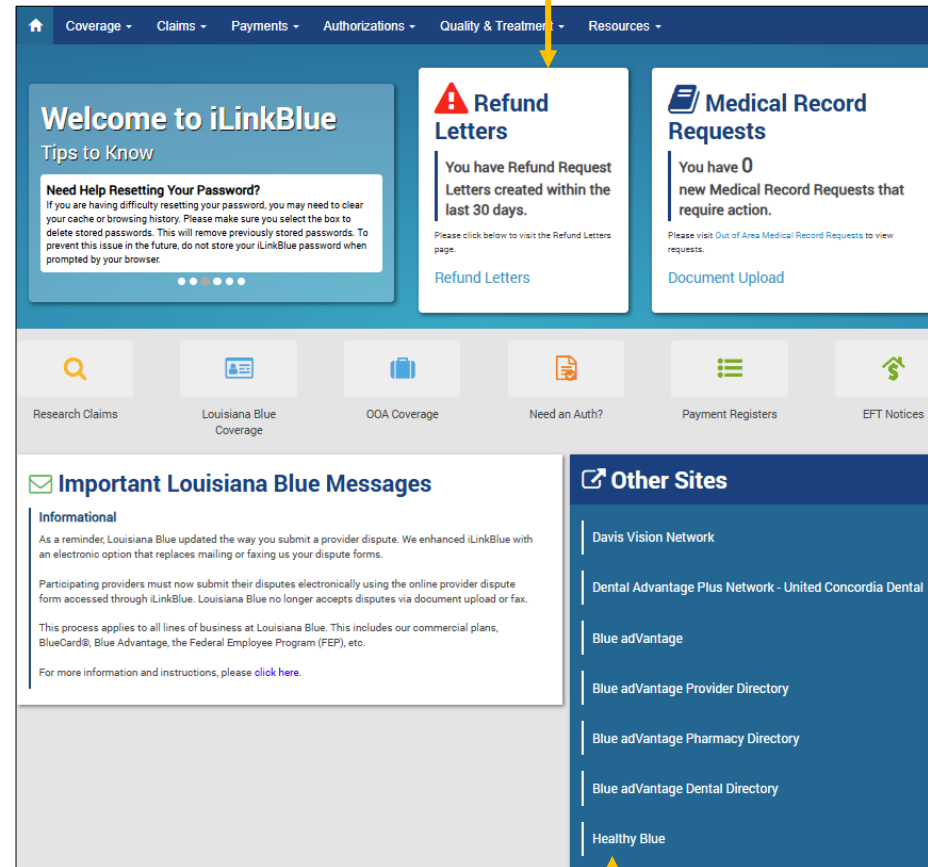
Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

Refund Letters

Providers now have a shortcut to check/search for Refund Request Letters.

Medical Record Requests

Providers receive an alert when they have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the “Out of Area Medical Record Requests” link on the alert. This does not include medical record requests for Louisiana Blue members. To upload medical records and other documents, click the “Document Upload” link, then select “ITS Host Medical Records.”

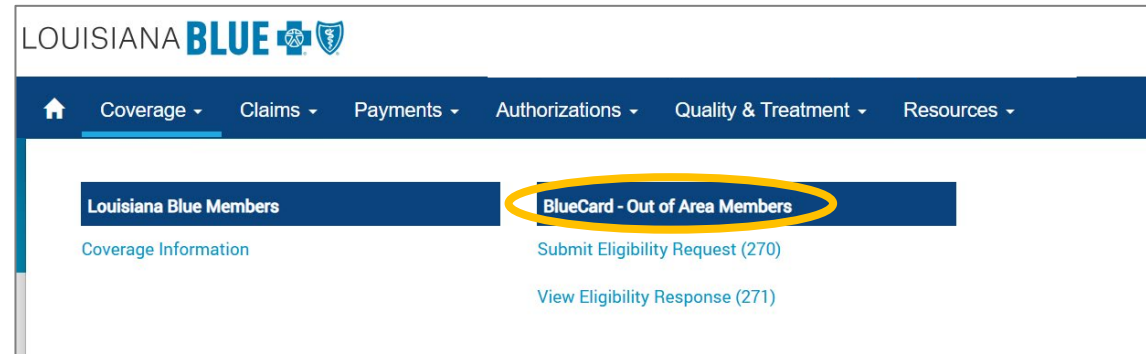


Other Sites

Includes quick access to other sites providers might need to access.

iLinkBlue: Coverage *Submitting Eligibility Requests*

Use this section to research coverage information for a BlueCard member (insured through a Blue Plan other than Louisiana Blue).



Submit Eligibility Request (270) – Click on this link to submit an electronic eligibility inquiry to the out-of-area member’s Blue Plan. Enter the member’s prefix (the first three characters of the member ID number), the contract number and then click “Submit.”

The screenshot shows the 'Eligibility Request (270)' form. It is divided into three sections: 'Contract Information', 'Patient Information', and 'Subscriber Information'. The 'Contract Information' section has fields for 'Prefix*' and 'Contract Number*'. The 'Patient Information' section has fields for 'First Name*', 'Middle', 'Last Name*', 'Suffix', 'Date of Birth' (mm/dd/yyyy), 'Gender' (Select Gender T), and 'Service Type*' (Select Service Type). The 'Subscriber Information' section has fields for 'First Name', 'Middle', 'Last Name', and 'Suffix'. A 'Submit' button is located at the bottom right of the form.

The screenshot shows the 'Eligibility Responses (271)' table. It has a 'Delete' button at the top right. The table has five columns: 'Contract/ID Number', 'Subscriber Name (Last, First)', 'Patient Name (Last, First)', 'Current Policy Effective Date', and 'View Response'. There is one row of data with a checkbox in the first column. Below the table, there is a note: 'Eligibility responses will be retained for 21 days. BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2383)'.

	Contract/ID Number	Subscriber Name (Last, First)	Patient Name (Last, First)	Current Policy Effective Date	View Response
<input type="checkbox"/>	XXX123456789	Doe, John	Doe, Jane	01/01/2018	View Detail

View Eligibility Response (271) – Click on this link to access the electronic response from the member’s Blue Plan (shown above). Though not immediate, out-of-area responses are transmitted back usually within less than a minute if the Plan provides one. Eligibility responses are retained for 21 days.

iLinkBlue: Coverage *Submitting Eligibility Requests (270)*

To ensure proper benefits are returned when submitting **Eligibility Requests (270)**, use the drop-down to select the most appropriate service type from the following code list:

1 Medical Care	27 Maxillofacial Prosthetics	59 Licensed Ambulance	89 Free Standing Prescription Drug	AJ Alcoholism	BZ Physician Visit – Office: Well
2 Surgical	28 Adjunctive Dental Services	60 General Benefits	90 Mail Order Prescription Drug	AK Drug Addiction	CE MH Provider – Inpatient
3 Consultation	30 Health Benefit Plan Coverage	61 In-vitro Fertilization	91 Brand Name Prescription Drug	AL Vision (Optometry)	CF MH Provider – Outpatient
4 Diagnostic X-Ray	32 Plan Waiting Period	62 MRI/CAT Scan	92 Generic Prescription Drug	AM Frames	CG MH Provider Facility – Inpatient
5 Diagnostic Lab	33 Chiropractic	63 Donor Procedures	93 Podiatry	AN Routine Exam	CH MH Provider Facility – Outpatient
6 Radiation Therapy	34 Chiropractic Office Visits	64 Acupuncture	94 Podiatry - Office Visits	AO Lenses	CI Substance Abuse Facility – Inpatient
7 Anesthesia	35 Dental Care	65 Newborn Care	95 Podiatry - Nursing Home Visits	AQ Nonmedically Necessary Physical	CJ Substance Abuse Facility – Outpatient
8 Surgical Assistance	36 Dental Crowns	66 Pathology	96 Professional (Physician)	AR Experimental Drug Therapy	CK Screening X-ray
9 Other Medical	37 Dental Accident	67 Smoking Cessation	97 Anesthesiologist	BA Independent Medical Evaluation	CL Screening Laboratory
10 Blood Charges	38 Orthodontics	68 Well Baby Care	98 Professional (Physician) Visit - Office	BB Partial Hospitalization (Psychiatric)	CM Mammogram, HR Patient
11 Used Durable Medical Equipment	39 Prosthodontics	69 Maternity	99 Professional (Physician) Visit - Inpatient	BC Day Care (Psychiatric)	CN Mammogram, LR Patient
12 Durable Medical Equipment Purchase	40 Oral Surgery	70 Transplants	A0 Professional (Physician) Visit - Outpatient	BD Cognitive Therapy	CO Flu Vaccination
13 Ambulatory Service Center Facility	41 Routine (Preventive) Dental	71 Audiology Exam	A1 Professional (Physician) Visit - Nursing Home	BE Massage Therapy	DM Durable Medical Equipment
14 Renal Supplies in the Home	42 Home Health Care	72 Inhalation Therapy	A2 Professional (Physician) Visit - Skilled Nursing Facility	BF Pulmonary Rehabilitation	MH Mental Health
15 Alternate Method Dialysis	43 Home Health Prescriptions	73 Diagnostic Medical	A3 Professional (Physician) Visit - Home	BG Cardiac Rehabilitation	PT Physical Therapy
16 Chronic Renal Disease (CRD) Equipment	44 Home Health Visits	74 Private Duty Nursing	A4 Psychiatric	BH Pediatric	UC Urgent Care
17 Pre-Admission Testing	45 Hospice	75 Prosthetic Device	A5 Psychiatric - Room and Board	BI Nursery	
18 Durable Medical Equipment Rental	46 Respite Care	76 Dialysis	A9 Rehabilitation	BJ Skin	
19 Pneumonia Vaccine	47 Hospital	77 Otological Exam	AA Rehabilitation - Room and Board	BK Orthopedic	
20 Second Surgical Opinion	48 Hospital - Inpatient	78 Chemotherapy	AB Rehabilitation - Inpatient	BL Cardiac	
21 Third Surgical Opinion	49 Hospital - Room and Board	79 Allergy Testing	AC Rehabilitation - Outpatient	BM Lymphatic	
22 Social Work	50 Hospital - Outpatient	80 Immunizations	AD Occupational Therapy	BN Gastrointestinal	
23 Diagnostic Dental	51 Hospital - Emergency Accident	81 Routine Physical	AE Occupational Medicine	BP Endocrine	
24 Periodontics	52 Hospital - Emergency Medical	82 Family Planning	AF Speech Therapy	BQ Neurology	
25 Restorative	53 Hospital - Ambulatory Surgical	83 Infertility	AG Skilled Nursing Care	BR Eye	
26 Endodontic	54 Long Term Care	84 Abortion	AH Skilled Nursing Care - Room and Board	BS Invasive Procedures	
	55 Major Medical	85 AIDS	AI Substance Abuse	BT Gynecological	
	56 Medically Related Transportation	86 Emergency Services		BU Obstetrical	
	57 Air Transportation	87 Cancer		BV Obstetrical/Gynecological	
	58 Cabulance	88 Pharmacy		BY Physician Visit – Office: Sick	



The full listing can also be found in the iLinkBlue User Guide on our Provider page at www.lablue.com/providers > Resources > Manuals.

iLinkBlue: Claims *Claims Status Search*

Claims Status Search – Research paid/rejected or pended claims. You can also search by claim number.

Research Louisiana Blue, FEP and BlueCard - Out of Area claims.

The screenshot shows the iLinkBlue web application interface. At the top, there is a navigation bar with a home icon and several menu items: Coverage, Claims (highlighted with a blue underline), Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar, the page is organized into several sections. The 'Claims Research' section is highlighted with a dark blue header and contains the following links: 'Claims Status Search' (circled in yellow), 'Action Request Inquiry', 'Refund Request Letters', 'Dental Advantage Plus Network - United Concordia Dental' (with a help icon), and 'Davis Vision Network' (with a help icon). To the right of 'Claims Research' is the 'BlueCard - Out of Area Claims Status' section, which includes 'Submit OOA Claims Status Request (276)' and 'View OOA Claims Status Response (277)'. Further right is the 'Claims Entry & Reports' section, containing 'Louisiana Blue Professional Claims Entry (1500)', 'Service Facility Location Information (1500)', and 'Louisiana Blue Claims Confirmation Reports'. At the bottom left is the 'Medical Code Editing' section with 'Claims Edit System (Commercial Only)'. At the bottom right is the 'Medical Records' section with 'Out of Area Medical Record Requests' and 'Document Upload'.

iLinkBlue: Claims *BlueCard* – Out of Area Claims Status

Paid/Reject Search

Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected Pended Claim Number

1 Select a Provider


2 Contract Number


Louisiana Blue / FEP
Do not include prefix

Blue adVantage

BlueCard - Out of Area

3 Date of Service

From 

To 

Search

iLinkBlue: Obtaining Authorizations

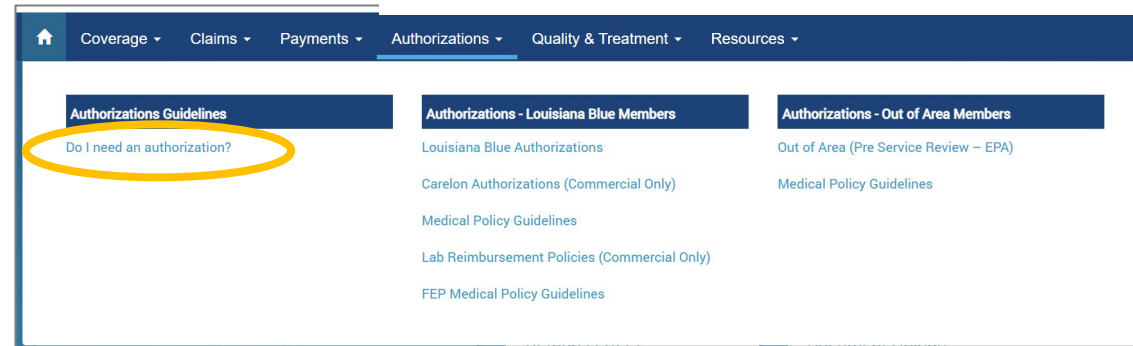
Out of Area (Pre-Service Review - EPA) – is designed to allow Louisiana Blue providers access to pre-service information offered by other Blue Plans.

- Enter the member ID three-character prefix.
- This will route you to the member's Blue Plan.
 - If the member's plan offers functionality, you will be able to enter the authorization request.
 - If the member's plan does not offer functionality, instructions on how to obtain the authorization request will be available.

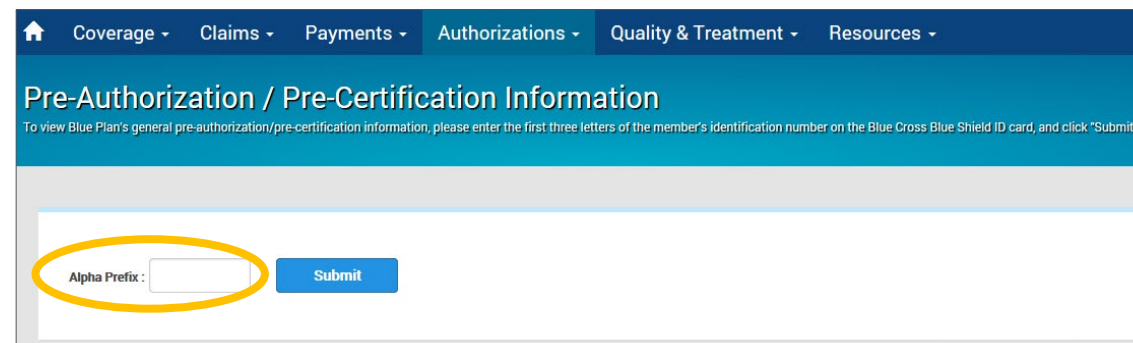


iLinkBlue: Authorization and Billing Guidelines

Step 1: Log into iLinkBlue and click “Authorization Guidelines – Do I need an authorization?” under Authorizations.

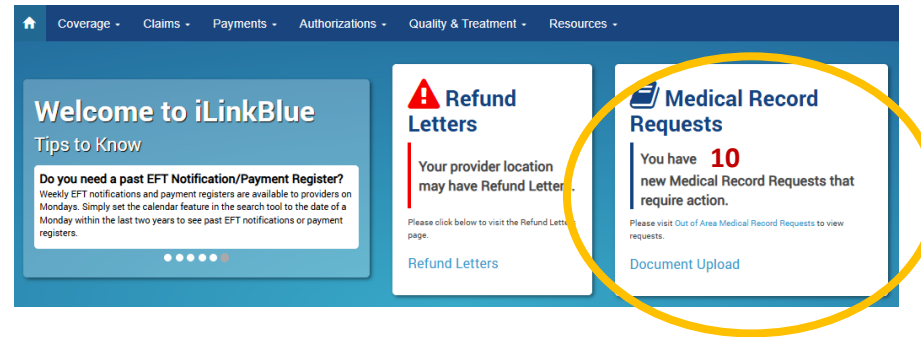


Step 2: Enter the member ID prefix.



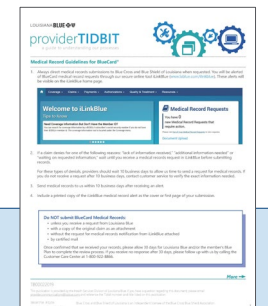
Submitting BlueCard Medical Records

- Always direct medical records submissions to Louisiana Blue when requested. You will be alerted of BlueCard medical record requests through our secure online tool iLinkBlue (www.lablue.com/ilinkblue). These alerts will be visible on the iLinkBlue home page. Medical Record Requests will no longer be sent hardcopy.



- If a claim denies for one of the following reasons: “lack of information received,” “additional information needed” or “waiting on requested information,” wait until you receive a medical records request in iLinkBlue before submitting records.
- For these types of denials, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.
- Send medical records to us within 10 business days after receiving an alert.
- Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.**

More information on Medical Records Guidelines for BlueCard can be found online at www.lablue.com/providers >Resources >Tidbits.



Document Upload

1 Select the Department [?]
Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

Choose One

- Provider Appeals - Non-Louisiana
- Payment Integrity: Fax 225-298-7675
- ACA Risk Optimization: Fax 225-295-2166
- ITS Host Medical Records: Fax 225-298-7529
- Health and Quality Management (HEDIS): Fax 225-298-7411
- Federal Employee Program (FEP) Provider Appeals: Fax 225-295-2364
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150
- Population Health: Fax 1-800-267-6548
- Blue adVantage

Tips for Successful Document Upload

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from Louisiana Blue with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from Louisiana Blue with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

[Document Upload FAQs](#)



Louisiana Blue accepts document uploads for:

- Provider Appeals – Non-Louisiana
- Payment Integrity
- ACA Risk Optimization
- ITS Host Medical Records
- Health and Quality Management (HEDIS®)
- Federal Employee Program (FEP) Appeals
- Medical Necessity & Investigational Appeals Only
- Medical Records for Retrospective or Post Claim Review
- Population Health
- Blue adVantage

Document Upload - Upload documents that would otherwise be faxed, emailed or mailed.

Once Louisiana Blue receives the uploaded document, a confirmation message will display, “The uploaded file was successfully received and sent to XXX Department at HHMMSS am/pm, MM/DD/YY.”

Document Upload

To upload medical records and other documents, providers should select ITS Host Medical Records. This department handles medical record requests for claims for BlueCard® (out-of-area) members.

1 Select the Department ?
Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One

Choose One

Provider Appeals - Non-Louisiana
Payment Integrity: Fax 225-298-7675
ACA Risk Optimization: Fax 225-295-2166
ITS Host Medical Records: Fax 225-298-7529
Health and Quality Management (HEDIS): Fax 225-298-7411
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[Document Upload FAQs](#)

Submitting BlueCard Medical Records

BlueCard Medical Records Requests on iLinkBlue

- View medical records requests for your BlueCard patients in iLinkBlue by clicking the Out of Area Medical Record Requests link on the message board alert.
- You can also access requests by clicking on Claims >Medical Records >Out of Area Medical Record Requests.
- Use the Medical Record Requests section to research Outstanding Requests, Requests Completed By Provider and Requests Received by Louisiana Blue.

Medical Record Requests - Out of Area
Make selections below to complete research and handling of Medical Requests for out of area BCBS patients.
Claims pending for medical records cannot complete processing until we receive the information requested.

1 Request Status

Outstanding Requests
 Requests Completed by Provider
 Requests Received by BCBSLA

2 Select Provider

Choose one...

Search Records

- You will receive confirmation once your files are uploaded.
- Please allow 30 days for the review process.
- If the claim has not been processed after 30 days, please follow up with the Customer Care Center at 1-800-922-8866.

Submitting BlueCard Medical Records

Second requests will display in red under **Outstanding Requests** search results. A second request displays when records have been requested more than once with no response.

After selecting a request from the search results, the **Outstanding Request Details** screen displays. This screen shows a summary of the medical record request including the claim, patient and provider information.

Outstanding Request Details Mark as worked

Record Information **SECOND REQUEST**

Claim Number 12345678910	NCPDP ID 67E2119780294000	Document Number 123456789
Date BC Requested 07/01/2019	Date Completed by Provider ---	Date Received by BCBSLA ---

Provider Information

Provider Number 12345678910	Payer ID 1000123456789
Provider Name Hospital Clinic	

Patient Information

First Name Jane	Last Name Doe	Date of Birth 09/03/1982	Date of Service 05/07/2019	Member ID 10123456789123
--------------------	------------------	-----------------------------	-------------------------------	-----------------------------

Request for Medical Records

Please advise if the above patient was seen in your office for the dates of service indicated. If so, please submit the medical records listed below.

This can be faxed to us at (225) 208-7529 and please include a copy of this letter with your fax. You may receive a remittance advice indicating the claim is being rejected awaiting receipt of medical records. If received, the remittance is not a duplicate request for these medical records. The records requested only need to be submitted once.

Required Medical Records

- Cancer Screening Reports
- Physician/Nursing/Office Notes
- Date Range: 05/01/2019 - 05/26/2019

Responding to Requests

Upload, mail or fax this form along with the requested information within 10 business days.

Click here to upload form or **Document Upload** page, then select the "Request Medical Records" from the dropdown menu and click.

Mailing Address: Blue Cross and Blue Shield of Louisiana
175 Medical Records
PO Box 28029
Baton Rouge, LA 70830-0090
Telephone: 1-800-352-4370
Fax: (225) 208-7529

- The **Outstanding Request Details** screen displays second requests in red to the right of the Record Information.
- After submitting requested medical records to Louisiana Blue, click the **Mark as worked** button.
- This moves the request to the **Completed by Provider** section. The request will no longer appear on the Outstanding Requests Details screen.

You have the option to submit medical records through iLinkBlue by clicking on “**Document Upload.**” This accesses an application that allows you to upload documents directly into iLinkBlue.



Claims

Medicare Crossover Claims

- Medicare crossovers are electronically filed claims that Medicare automatically forwards or “crosses over” to the member’s Blue Plan when information is available in the Medicare eligibility file.
- When a Medicare claim is crossed over to an out-of-state Blue Plan, the Medicare remittance advice will have a message beneath the patient’s claim information similar to:

“Claim information forwarded to: BCBS of Texas”

- If the remittance advice does not contain a message similar to this example, then the claim was not forwarded electronically to the member’s Blue Plan for processing. The provider must then file the claim, along with a copy of the Medicare Remittance Advice, with the member’s Blue Plan (as listed on the member ID card).
- If Medicare has forwarded the claim to the member’s Blue Plan, please allow 25-30 days from the Medicare remittance advice date before contacting the member’s Blue Plan.

For more information, refer to the “Medicare Crossover Claims” Tidbit online at www.lablue.com/providers >Resources >Tidbits.

Medicare Crossover Claims

Medicare crossover is an electronically filed claim that Medicare automatically forwards or “crosses over” to Blue Cross and Blue Shield of Louisiana when member information is available in the Medicare eligibility file. This process includes items when Medicare is billed and Blue Cross and Blue Shield of Louisiana is provided.

All Blue Cross and Blue Shield Plans (Blue Plans) have entered a standard Medicare Crossover Agreement with the Centers for Medicare & Medicaid Services (CMS). This standard agreement requires that crossover claims be sent directly from the Medicare Crossover Carrier, Group Health Plan, or PDP, to the member’s Blue Plan information on their ID card. Members can be found on the backside of this guide.

The member’s claim, regardless of the state where the service was rendered, will be sent directly to the member’s Blue Plan. For example, Blue Cross and Blue Shield Louisiana receives crossover claims for one member even when the service was rendered in a state other than Louisiana.

How to Tell if a Medicare Claim Was Crossed Over

When a claim is crossed over to Blue Cross and Blue Shield of Louisiana from Medicare, there will be a message beneath the patient’s claim information on the Medicare remittance advice.

“Claim information forwarded to: BCBS of Louisiana Supplement”

This message indicates the claim was forwarded electronically from Medicare to Blue Cross and Blue Shield of Louisiana for processing.

“Claim information forwarded to: BCBS of Louisiana Other”

This message indicates the claim was forwarded electronically from Medicare to Blue Cross and Blue Shield of Louisiana Federal Employees Program area for processing.

If the remittance advice does not contain a message similar to these examples, then the claim was not forwarded to Blue Cross and Blue Shield of Louisiana for processing. Refer to the instructions on “Submitting a Claim That Did Not Cross Over” on the reverse side of this guide.

Checking Claim Status on Crossover Claims

Please wait 21 days from the Medicare remittance advice date before checking on the status of the crossover claim in our Member Connect. This can be verified by calling Provider Services at 1-800-522-8888.

If after 21 days, the claim cannot be located in eLabBlue or by Provider Services, please contact BCS Services at 1-800-785-7383 or email EDServices@lablue.com.

Please provide the following information:

- Provider NPI
- Patient date of birth
- Member ID number
- Date of service
- Patient name
- Reason for call

1/20/2017

In compliance with the Health Information Privacy Act of 2002 and the Health Information Privacy Act of 2002, you have the right to request, review, and amend your health information. For more information, please visit www.lablue.com/privacy.

© 2017 LabBlue. All rights reserved. Blue Cross and Blue Shield of Louisiana is a member of the Blue Cross and Blue Shield Association and is incorporated in Louisiana. Member ID numbers are issued by the member's Blue Plan.

Ambulance Claims

Ground Service

- All ground ambulance claims must include the point-of-pick-up ZIP code.

Air Service

- All air ambulance claims must include the 5-digit ZIP code of the point-of-pick-up. Claims that do not include the point-of-pick-up ZIP code on the claim will be denied for insufficient information.



Where to file air ambulance claims:

- If the pick-up location is in Louisiana, the claim should be filed directly to Louisiana Blue.
- If the pick-up location ZIP code is outside of Louisiana, the claim should be filed to the local Blue Plan that covers the area of pick-up.
- If the pick-up location is outside the US, the claim must be filed to the Blue Cross Blue Shield Global[®] Core (www.bcbsglobalcore.com).

Filing Claims *Submitting Claims for BlueCard Members*

Submit BlueCard claims directly to Louisiana Blue.

Once Louisiana Blue receives the claim, we will electronically route the claim to the member's Blue Plan. The member's plan then applies benefits, approves payment routes the claim back to Louisiana Blue. Louisiana Blue will then reimburse you.

Filing Claims with Your National Provider Identifier (NPI) – Your NPI is used for claims processing and internal reporting. Claim payments are reported to the Internal Revenue Service (IRS) using your Tax ID Number (TIN).

Referring Physician NPIs – Referring physician NPIs are required on all applicable claims filed with Louisiana Blue and HMO Louisiana.

Ancillary and Remote Providers

Ancillary providers are independent clinical laboratories, durable/home medical equipment (DME/HME) and supply providers and specialty pharmacies located within the Louisiana Blue service area.

Remote providers are those located outside of the service area and are contracted to act as a local provider.

- If a remote provider contract is in place with the local plan, the claim must be filed to the local plan and would be considered a participating provider claim.
- If a remote provider contract is not in place with the local plan, the claim must be filed to the local plan and would be considered a nonparticipating provider claim.



Ancillary Claims

Examples

Provider Type	Where to File	Example
Lab	File the claim to the Plan in which state the specimen was drawn. Where the specimen was drawn will be determined by which state the referring provider is located.	Blood is drawn in lab located in Alabama. Blood analysis is done in South Carolina. File to: BlueCross BlueShield of Alabama. You must file claims for the analysis of a lab to the Plan in which state the specimen was drawn.
DME	File the claim to the Plan in which state the equipment was shipped to or purchased in a retail store.	Wheelchair is purchased at a retail store in South Carolina. File to: BlueCross BlueShield of South Carolina.
Specialty Pharmacy	File the claim to the Plan in the state where the ordering provider is located.	Patient is seen by a physician in Ohio who orders a specialty pharmacy injectable for the patient. Patient will receive the injections in South Carolina where the member lives for six months of the year. File to: Blue Cross Blue Shield of Ohio.

Split Claims

When a claim is billed that meets the following criteria, the provider should split the charges into two claims:

- When the claim is outpatient, and the professional claim spans a calendar year.
- When participating and nonparticipating providers are billed on the claim.
- When the claim is from a single provider whose status changes from participating to non-participating or from non-participating to participating during the span of services billed on the claim.
- When there is membership coverage changes, the claim must be split at the date of coverage change.
- When a claim is received that includes both surprise bill services (as specified under the No Surprises Act and its accompanying regulations) and those that are not considered surprise bill services. For more information about the No Surprises Act, visit **www.cms.gov/nosurprises**.
- For hospitals, when a mother and newborn claim includes a discharge date for the baby that is after the mother's discharge date.
- For hospitals, when a mother and newborn claim includes NICU admission, the claim must be split on the date the baby is admitted to the NICU.

Depending on plan processes, the Blue Plan may also require the claim to be split if multiple professional providers are billed on the same claim.

More information can be found in our BlueCard Manual online at **www.lablue.com/providers** >Resources >Manuals.



Reimbursement *Claims Payment*

Guidelines for BlueCard claims payment:

- If you have not received payment for a claim, do not resubmit the claim because it will deny as a duplicate.
- Check the Not Accepted report on iLinkBlue under Claims, then Louisiana Blue Claims Confirmation Reports.
- Check claim status on iLinkBlue.
- If you have further questions about your claim, you may submit an Action Request.
- Or call the Customer Care Center at 1-800-922-8866.
 - For paid/rejected claims, you must provide the amount paid or ineligible amount, code and claim number.
 - For pended claims, you must provide the claim number and pended reason.



Note: In some cases, a member's Blue Plan may pend a claim because medical review or additional information is necessary. Louisiana Blue may either ask you for the information or give the member's Plan permission to contact you directly.

Reimbursement *Coordination of Benefits*

Coordination of Benefits (COB) ensures members receive full benefits from their health benefit plans and prevents double payment for services when a member has coverage from two or more sources.

Please use the following guidelines when submitting COB claims:



- If Louisiana Blue or any other Blue Plan is the primary payor, submit the other carrier's name and address with the claim to Louisiana Blue.
- If a non-Blue health plan is primary and Louisiana Blue or any other Blue Plan is secondary, submit the claim to Louisiana Blue only after receiving payment and explanation of payment from the primary payor.

Carefully review the payment information from all payors involved on the remittance advice(s) before balance billing the patient for any potential liability.

Coordination of Benefits Questionnaire form – This will help you and your patients avoid potential claim issues while streamlining claims processing and reducing the number of denials related to COB. This form is available online at www.lablue.com/providers >Resources >Forms.

Refund Request Guidelines

When an overpayment occurs on a BlueCard claim, Louisiana Blue policy is:

1. When the provider suspects an overpayment on a BlueCard claim, they may fill out and submit an Overpayment Notification Form notifying us of the overpayment after 10 business days of receipt of payment. The Overpayment Notification Form is available at www.lablue.com/providers >Resources >Forms.

Providers may also notify us of an overpayment via the action request (AR) system available through iLinkBlue (www.lablue.com/ilinkblue), under the “Claims” tab. Click “Claims Status Search” then the orange “AR” button to start the request. Using iLinkBlue is quick, easy and reduces the wait time for processing the overpayment notification.

2. Upon discovery or notice of the overpayment, our BlueCard Department sends the provider an overpayment notification letter.
3. The provider has 30 days to respond to an overpayment notification letter to either agree to or appeal the overpayment.
4. Confirmed overpayments are then automatically deducted from the provider’s Louisiana Blue payment registers.

Refund Request Guidelines for BlueCard Tidbit can be found online at www.lablue.com/providers >Resources >Forms.

The infographic is titled "LOUISIANA BLUE providerTIDBIT a guide to understanding our processes". It features a flowchart showing a provider submitting a claim, which is then processed by Louisiana Blue. Below the flowchart, it states: "The Louisiana provider files the claim directly to Louisiana Blue for processing. It is processed through our BlueCard program to the member's Blue Plan. Once the claim is completed, we directly reimburse the Louisiana provider for medical services." The infographic then lists the refund request guidelines for BlueCard. It includes a numbered list: 1. When an overpayment occurs on a BlueCard claim, Louisiana Blue policy is: When an overpayment on a claim for an out-of-state member may have been made, providers must fill out and submit an Overpayment Notification Form for review to ensure that an overpayment did occur. A printable version of the Overpayment Notification Form is located in the Forms section of our Provider page (www.lablue.com/providers >Resources >Forms). Complete the form and fax or mail to Louisiana Blue. If it is found that an overpayment did occur, you will not receive further notification from us, and your payment register will reflect the change. If an overpayment did not occur, you will receive notification explaining that no change is necessary. 2. Upon discovery or notice of the overpayment, our BlueCard Department sends the provider an overpayment notification letter. 3. The provider has 30 days to respond to an overpayment notification letter to either agree to or appeal the overpayment. 4. Confirmed overpayments are then automatically deducted from the provider's Louisiana Blue payment registers. At the bottom, it includes a "Do Not" list for BlueCard Refund Requests: 1. Do NOT send refund checks to us or the member's Blue Plan. Our BlueCard Department does not accept unclassified refund checks. They will be returned without being processed, thus delaying the refund process. 2. Do NOT send a partial refund request. Louisiana Blue does not process partial refund requests. The infographic also includes a small "TIDBIT" logo and a disclaimer at the bottom.

Resolving Claims Issues

Have an issue with a claim? We are here to help!

Depending on the type of claim issue, there are multiple ways to seek a resolution:

- Submit Action Requests through iLinkBlue
- Provider Disputes
- Medical Appeals
- Administrative Appeals & Grievances

Submitting an Action Request is a great option for getting a quick and accurate resolution for your claims issues. Action Requests:

- Reduce the time it takes for providers to receive a response from Louisiana Blue.
- Allow providers to see responses directly from the adjustments team after review.
- Allow providers to submit additional questions once they have reviewed the AR response.

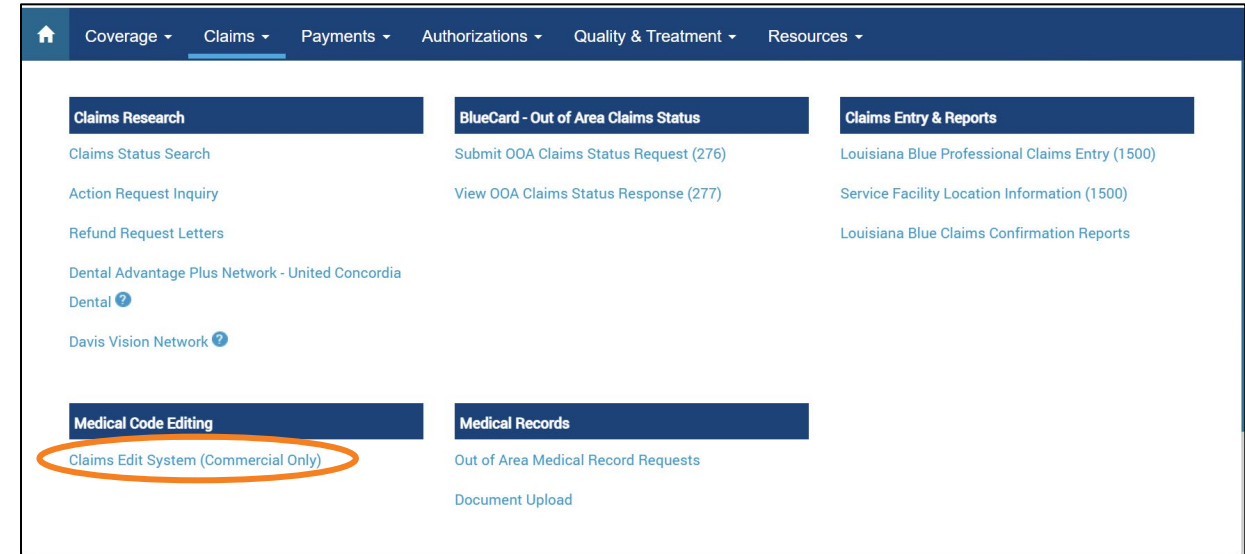
Submitting Action Requests

Action Requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim.

Common reasons to submit an Action Request

- Claims
 - Questioning non covered charges or specific denial
 - Denied as duplicate (ex. Medicare crossover)
 - Coordination of benefits
- Refund request

Action Requests do not allow you to submit documentation regarding your claims review.





Review the Claims Edit System tool for reimbursement questions before sending an Action Request for professional and outpatient claims.

Submitting Action Requests

To submit an Action Request, choose the Claims menu option in iLinkBlue (www.lablue.com/ilinkblue), then choose the Claim Status Search application. On each claim, there is an Action Request button to have the claim reviewed. The electronic form will prepopulate with information on the specific claim.

Filter:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	

on the **Paid/Rejected Claims Results** screen


and

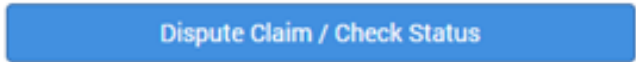
on the **Pended Claims Results** screen

Claim Number [REDACTED]

iLinkBlue Number [REDACTED]

NPI [REDACTED]





on the **Claims Detail** screen

Submitting Action Requests

Submit Action Request

To submit an action request, complete the fields below.

Action
Select One

Claim Details
Contract Number
Claim Number
Date of Service
Date Processed

First Name
First

Last Name
Last

Phone Number
XXX-XXX-XXXX ext

Notes
Type the details of your request. Max 400 characters.

Submit Action Request

When submitting an Action Request:

- Include your contact information.
- Be specific and detailed but **be mindful of character limit.**
- Allow 30-45 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Don't submit an Action Request immediately following document upload.

Note: Please only submit one Action Request per claim; not one Action Request per line item of the claim.

Action Requests Enhancements

Action requests allow you to electronically communicate with Louisiana Blue when you have questions or concerns about a claim. We have added the following enhancements:

- The notes field allows up to 1,000 characters for users to better communicate their claim issue.
- The Action Items drop-down list for reporting the type of issue has expanded from six to eight options. We have added “Facility Reimbursement” and “Professional Reimbursement” as options.
- iLinkBlue now adds case ID numbers to each action request. Users can use these as a reference when searching for requests.
- Your action requests load into our system for processing as soon as you submit. In the past there was a delay as action requests load into our system during nightly batch processing.

Action Requests Enhancements

Users may notice some additional changes because of these enhancements.

- Once you submit an action request, you will no longer be able to edit or delete that request.
- You will not be able to submit duplicate action request on the same claim. A message will display to remind you an existing request is open on the claim. We must close that request before you can enter a new action request on the same claim. You are still able to enter additional action requests for other claims.
- After clicking submit, you will receive a message asking for your confirmation to submit the action request. This is your final chance to make edits to your request before submitting. A blue processing bar will display as the action request transmits into our system for processing.
- If you receive an error message after clicking submit, there may have been an issue with creating your request. Check the Action Request Inquiry search to verify it was created. If the request is not found in your search, please enter the request again.
- After transmitted, the action request Answer History will indicate the request was routed to group workflow case. This means the request entered our system for processing and is not a response to the request.

Provider Disputes & Appeals

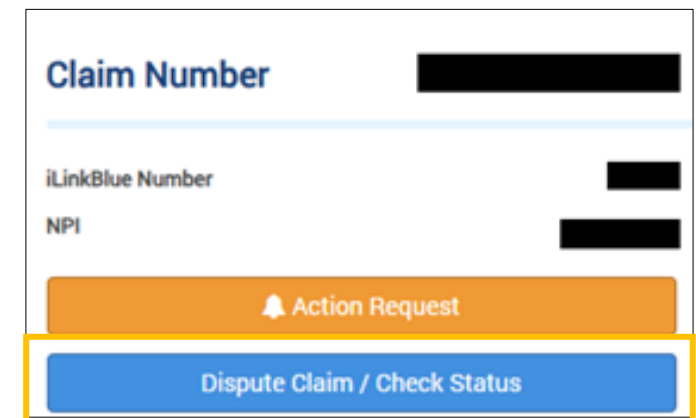
Sometimes it may be necessary for a provider to dispute or appeal a claim.

- Provider Disputes
 - Involves a denial that affects the provider's reimbursement.
- Medical Appeals
 - Involves a denial or partial denial based on:
 - Medical necessity, appropriateness, healthcare setting, level of care or effectiveness.
 - Determined to be experimental or investigational.
- Administrative Appeals & Grievances
 - Claims issue due to the member's contract benefits, limitations, exclusions or cost share.
 - When there is a grievance.

Provider Disputes Process Update

Effective Dec. 1, 2025, providers should submit disputes electronically using an online provider dispute form accessed through iLinkBlue (www.lablue.com/ilinkblue). Louisiana Blue no longer accepts disputes via document upload or fax.

Providers can access an electronic dispute form when viewing a claim on iLinkBlue. To view processed claims in iLinkBlue, go to the Claims menu option. Select “Claims Status Search” and use the Paid/Rejected tab to search for a claim. Click on a claim number to open the Claim Detail summary page for that processed claim. Click the “Dispute Claim/Check Status” button. This will bring you to the Epic homepage. See the Claims Resolutions section of our professional or facility manual for additional dispute instructions. Those manuals are available online at www.lablue.com/providers >Resources >Manuals.



The screenshot displays a web interface for a claim detail summary. It includes the following elements:

- Claim Number**: A label followed by a blacked-out text field.
- iLinkBlue Number**: A label followed by a blacked-out text field.
- NPI**: A label followed by a blacked-out text field.
- Action Request**: An orange button with a bell icon and the text "Action Request".
- Dispute Claim / Check Status**: A blue button with the text "Dispute Claim / Check Status", which is highlighted with a yellow border.



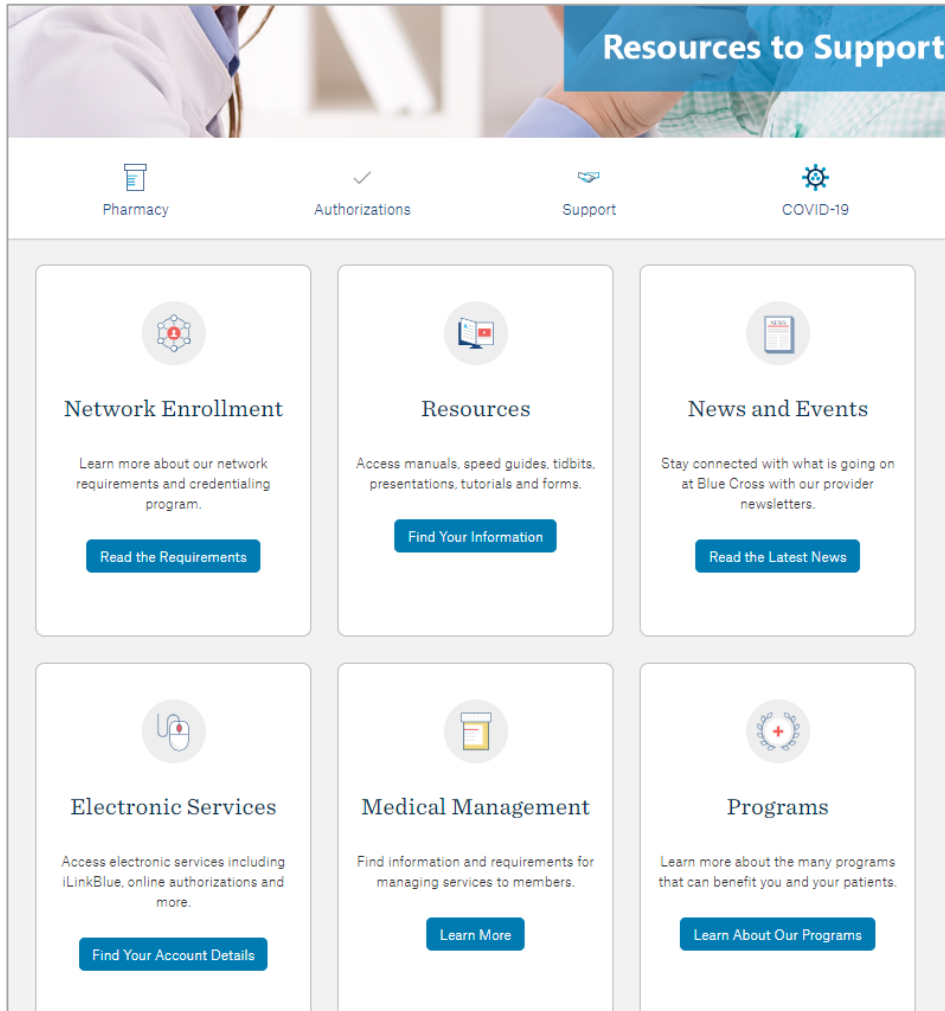
Online Resources

National Doctor & Hospital Finder

BlueCard helps members access coverage while traveling out of state through our National Doctor and Hospital Finder website.

The screenshot displays the user interface of the National Doctor and Hospital Finder website. At the top left, the BlueCross BlueShield logo is visible, followed by the text "National Doctor and Hospital Finder". On the top right, there are links for "English" and "Menu". Below the header, a dark blue navigation bar contains a search icon and the word "Dashboard" on the left, and "LOCATION" and "PLAN" on the right. The main content area features a large blue banner with the text "Hello, What are you searching for today?". Below this banner are four white cards with icons and labels: "Doctors by name" (person icon), "Doctors by specialty" (stethoscope icon), "Places by name" (location pin icon), and "Places by type" (building icon). At the bottom of these cards are two search buttons: "Search all" and "Advanced Search". Below the search area is a section titled "Explore and learn more" containing three white boxes. The first box is titled "Find Immediate Medical Care" and includes a button "Search for Immediate Medical Care". The second box is titled "Locate Doctors Worldwide" and includes a button "Search For Doctors". The third box is titled "Shop for Health Insurance" and includes a button "Shop For Healthcare".

Online Resources: Provider Page



You will find information on:

- Network Enrollment
 - Credentialing
 - Provider Support
- Electronic Services
 - Learn about iLinkBlue
 - Clearinghouse Services
 - Electronic Funds Transfer (EFT)
- News and Events
 - Network News
 - Product Enhancements
 - Blue Advantage Insights
 - Past Newsletters
- Medical Management
 - Authorizations
 - Medical Policies
 - Lab Management
 - Care Management
 - Pharmacy
- Programs
 - Quality Blue
 - Blue Distinction Center
 - Specialty Care Insight
- And more!

More information about The BlueCard Program can be found in our online manual here:

www.lablue.com/providers

>Resources >Manuals

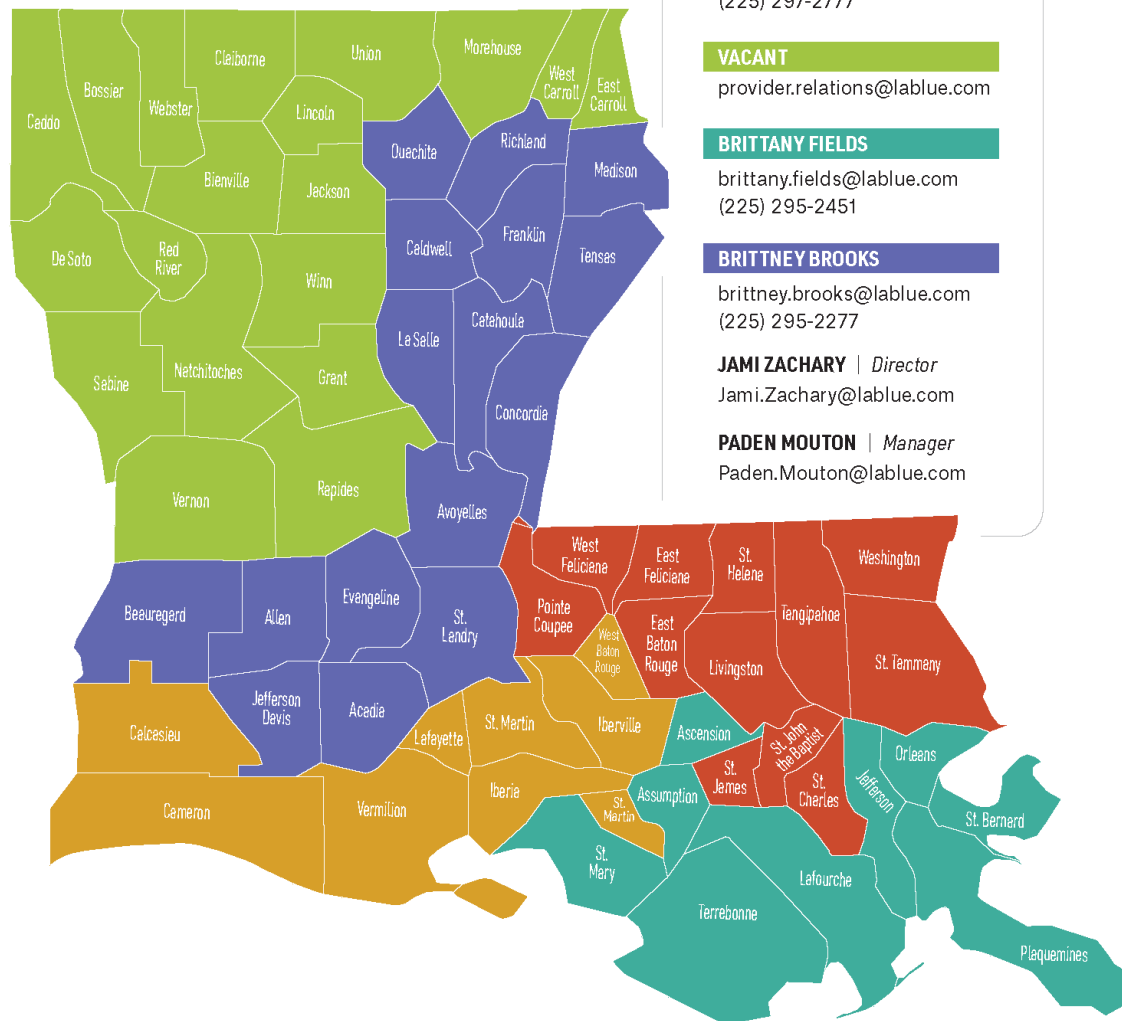


LOUISIANA **BLUE**  

Support

Your Provider Relations Representative

Provider Relations Representatives PARISH MAP



PROVIDER RELATIONS REPRESENTATIVES:

VACANT

provider.relations@lablue.com

MELONIE MARTIN

melonie.martin@lablue.com
(225) 297-2777

VACANT

provider.relations@lablue.com

BRITTANY FIELDS

brittany.fields@lablue.com
(225) 295-2451

BRITTNEY BROOKS

brittney.brooks@lablue.com
(225) 295-2277

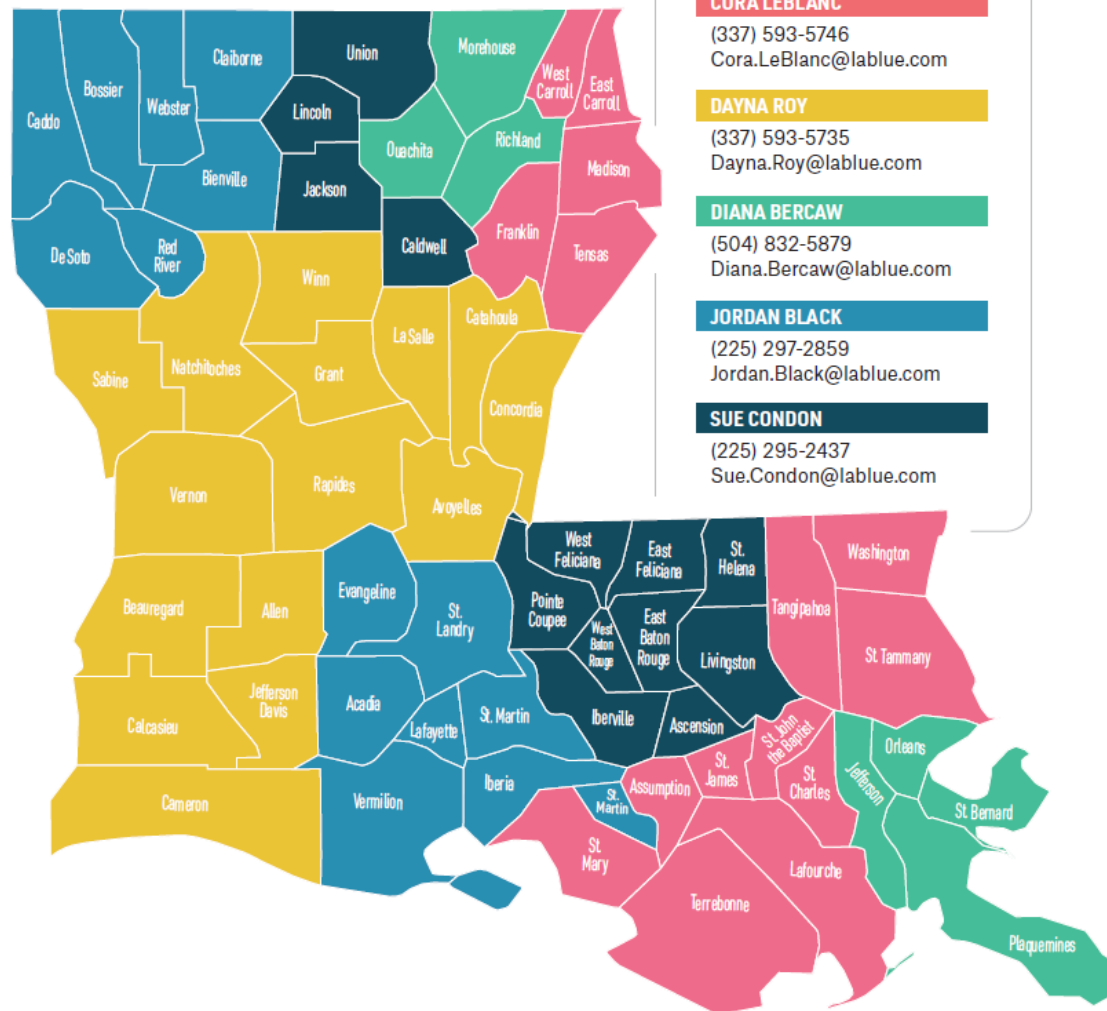
JAMI ZACHARY | Director
Jami.Zachary@lablue.com

PADEN MOUTON | Manager
Paden.Mouton@lablue.com

Your Provider Contracting Representative

Provider Network Development

CONTRACTING PARISH MAP



The PCDM Department

Provider Network Setup, Credentialing, Contracting & Demographic Change

Kostas Plakidas, Director, Provider Network Operations
kostas.plakidas@lablue.com

If you would like to check the status on your credentialing application or provider data change or update, please contact the Provider Credentialing & Data Management Department.

PCDMstatus@lablue.com | 1-800-716-2299, option 2

Quick Contacts

Joining the Network

Getting Credentialed – PCDMstatus@lablue.com, 1-800-716-2299, option 2

Getting Contracted – provider.contracting@lablue.com, 1-800-716-2299, option 1

Updating your Information

Data Management – PCDMstatus@lablue.com, 1-800-716-2299, option 2

Education, iLinkBlue Training & Outreach

Provider Relations – provider.relations@lablue.com

Electronic Services

iLinkBlue – www.lablue.com/ilinkblue

EDI Services (clearinghouse) – EDIservices@lablue.com, 1-800-716-2299, option 3

Security Access to Online Services – PIMteam@lablue.com, 1-800-716-2299, option 5

Ongoing Support

Customer Care & IVR Phone Services – 1-800-922-8866

Questions?

At this time, we will address the questions you submitted electronically through the webinar platform.



THANK
YOU!





Appendix

Ancillary Claims

Ancillary providers include Independent Clinical Laboratory, Durable/Home Medical Equipment and Supplies and Specialty Pharmacy providers.

Please note:

- If you contract with more than one Plan in a state for the same product type (i.e., PPO or traditional), you may file the claim with either Plan.
- Contiguous county claims filing rules do not apply to ancillary claims.

Dental and Oral Surgery Claims *ADA Claim Form*

- When filing claims/calling for claim status for dental services, providers use the information on the Blue Plan named on the member ID card.
- ADA claim forms received by Louisiana Blue for dental services for BlueCard members will be sent back to the provider.



Dentists and oral surgeons should verify benefits for BlueCard program members prior to performing services by calling the number on the back of the member ID card.

Dental and Oral Surgery Claims CMS-1500

- Dental services that fall under the medical care category and are filed on a CMS-1500 claim form will be processed by Louisiana Blue. Once Louisiana Blue receives the claim, we will electronically route the claim to the member's Blue Plan. The member's Blue Plan then applies benefits, approves payment and routes the claim back to Louisiana Blue. Louisiana Blue will then reimburse you.
- Dental claims submitted on a CMS-1500 claim form may be processed through BlueCard; therefore, providers should expect the remit or payment to come from Louisiana Blue if the claim is processed to pay the provider.
- Claims may also be submitted electronically on iLinkBlue.
- Additional information is available in the *Dental Network Office Manual*, available online at www.lablue.com/providers >Resources.

Note: Our member benefit plans require oral surgery claims be processed first under the patient's dental coverage. Do not submit as a medical claim first.

The image shows a sample of a CMS-1500 Health Insurance Claim Form. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes a QR code in the top left corner. The form is divided into several sections, including Patient Information, Provider Information, and Service Information. The form is partially filled out with red text, and a large "SAMPLE" watermark is overlaid across the center. The form includes fields for Patient Name, Date of Birth, Sex, Race, Ethnicity, and Address. It also includes fields for Provider Name, Address, and Tax ID. The form includes a section for "DIAGNOSIS" and "PROCEDURE" codes, and a section for "REMARKS". The form is numbered 1 through 6 on the left side. The form is a standard CMS-1500 form used for submitting health insurance claims.