

HOW TO USE THIS FORM

Most health care providers will submit bills to Bright Health on you or your dependent's behalf. However, if a physician does not bill us they may bill you directly. If you receive a bill from your a health care provider you may use this claim form to submit the charges to Bright Health.

Please read the following instructions for submitting the claim to report the claim to Bright Health.

SECTION A. PATIENT INFORMATION

Use this section to identify the patient.

SECTION B. SUBSCRIBER INFORMATION (on Bright Health ID card)

Use this section to identify the subscriber. Some of this information may be found on your Bright Health card.

SECTION C. MEDICAL INFORMATION: This section pertains to the employee through whose employer your program is obtained

Health Care Services: Use this section to report that has not already been reported to Bright Health. Attach a photocopy of an itemized bill.

MEMBER CLAIM FORM INSTRUCTIONS:

Please mail this claim form and a photocopy of your itemized bill to:

Bright Health
PO Box 16275
Reading, PA 19612-6275