



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

P.O. Box 1798
532 Riverside Avenue
Jacksonville, Florida 32231-0014

DO NOT WRITE IN THIS BLOCK

MAJOR MEDICAL/VISION CLAIM FORM

Please refer to your identification card for you
toll-free customer service telephone number.

Patient's Name (Last, First, Middle)			Address			City	State
Date of Birth	Contract Number		Sex	Phone Number		Zip Code	
mo. day yr.			M F	()			
RELATIONSHIP TO SUBSCRIBER			Employer			Group #	
<input type="checkbox"/> Subscriber <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse <input type="checkbox"/> Handicapped Dependent <input type="checkbox"/> Subscriber <input type="checkbox"/> Son							

Is patient dependent and a full time student at an accredited college or university?
Yes No If yes, enter college/university name and address (include zip code)

IF THERE IS ANY INSURANCE OTHER THAN YOUR BASIC BLUE CROSS AND BLUE SHIELD APPLICABLE TO THE EXPENSES AND SERVICES
CONNECTED WITH THIS ILLNESS CHECK YES AND COMPLETE INFORMATION BELOW Yes No

IS INSURANCE OBTAINED THROUGH EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		Policy #	Effective Date
NAME OF INSURED		Name and address of insurance company (include zip code)	
TYPE COVERAGE Single <input type="checkbox"/> Family <input type="checkbox"/>			

HAS OTHER INSURANCE PAID? Yes No (IF YES INCLUDE COPY OF SUMMARY OF BENEFITS)

Subscriber's Signature	Date	Telephone Number
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Service Information

Diagnosis Code: 367.0 367.1 367.20 367.4 367.89 367.9 Other

Code	#	Charge	Code	#	Charge	Code	#	Charge	Code	#	Charge	Code	#	Charge
V2020			V2201			V2302			V2500			S0510		
V2025			V2202			V2303			V2501			S0512		
V2100			V2203			V2304			V2502			S0514		
V2101			V2204			V2305			V2503			S0515		
V2102			V2205			V2306			V2510			S0516		
V2103			V2206			V2307			V2511			S0518		
V2104			V2207			V2308			V2512			S0581		
V2105			V2208			V2309			V2513			S0590		
V2106			V2209			V2310			V2520			S0592		
V2107			V2210			V2311			V2599			S0621		
V2108			V2211			V2312			V2783			S0800		
V2109			V2212			V2313			V2784			92002		
V2110			V2213			V2314			V2785			92004		
V2111			V2214			V2315			V2786			92012		
V2112			V2215			V2318			V2788			92014		
V2113			V2218			V2319			V2790			92015		
V2114			V2219			V2320			V2797			Other		
V2115			V2220			V2321			V2799					
V2118			V2221			V2399			S5000					
V2121			V2229			V2410			S0504					
V2199			V2300			V2430			S0506			TOTAL		
V2200			V2301			V2499			S0508					

Name of Ophthalmologist/Optometrist
Tax ID Number
Address
Phone Number ()

Name of Optician
Tax ID Number
Address
Phone Number ()