CLAIM FORM

SBMA

Section 1: Member Information

Please complete the following section with your personal information and information found on your medical ID card.

Last Name:	First Name:	Middle Initial:	Gender:	Date of Birth:
			❑ M ❑ F	Month Date Year
Mailing Address:	**City:**	**State:**	**Zip Code:**	**Phone Number:**
				( )
Change of Address (if the address is different than enrollment):	Member ID # (from ID card):	Employer Name: (please use **Group Name** from ID card):		
❑ Yes ❑ No (if yes please notify your employer)				

Section 2: Patient Information

Please complete the following section ONLY if the patient is not the same as the member above.

Last Name:	First Name:	Middle Initial:	Gender:	Date of Birth:
			❑ M ❑ F	Month Date Year
Patient's Address (if different from above):	City:	State:	Zip Code:	Relationship to Member:
				❑ Spouse ❑ Child

Section 3: Provider/Diagnostic Information

Please include a Statement of Services from your provider containing the following information:

- Facility Name
- Facility NPI
- Facility Address
- Provider Name
- Provider NPI
- Provider Tax ID
- Place of Service (POS)
- Current ICD Diagnosis Code(s)
- Current CPT Procedure Code(s)
- Date(s) of Service
- Amount Billed
- Copy of Customer Receipt

Section 4: Member Certification

The undersigned hereby attests they have provided true and accurate information regarding their personal information, patient information, if different from their own, and provider information in the fields above. Members understand they must provide a Statement of Service containing all required information listed in section 3 for claims to be processed. Failure to complete all information on this form and/or include required information will result in a denial.

I certify the information provided in this claim is true and accurate.

Print Name:	Signature:	Month Date Year

Please submit completed claim forms via mail to the address below or via email to:
claims@sbmamec.com

SBMA
Attention: Member Claims
2307 Fenton Parkway # 107-126
San Diego, CA 92108