Wellmark Iowa
An Independent Licensee of the Blue Cross and Blue Shield Association
PO Box 9291
Des Moines, Iowa 50306-9291

[redacted]

SECOND OPINION CLAIM FORM

PLEASE FOLLOW ALL INSTRUCTIONS ON THE BACK OF THIS CLAIM FORM IN ORDER TO COMPLETE THE FOLLOWING:

1. PATIENT INFORMATION (ONE PATIENT PER CLAIM FORM)

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)

DATE OF BIRTH MO. DAY YR.

SEX
1. ☐ MALE
2. ☐ FEMALE

RELATIONSHIP TO POLICYHOLDER
1. ☐ SELF 3. ☐ DEPENDENT
2. ☐ SPOUSE

IS CONDITION JOB RELATED?
☐ YES ☐ NO

IF PATIENT IS OVER 18 YRS, INDICATE IF:
☐ STUDENT ☐ MEDICARE COVERED
☐ DISABLED

2. POLICYHOLDER INFORMATION

IDENTIFICATION NUMBER

OTHER NUMBERS OR LETTERS AS THEY APPEAR ON YOUR IDENTIFICATION CARD

POLICYHOLDER NAME (COPY EXACTLY AS IT APPEARS ON YOUR IDENTIFICATION CARD)

POLICYHOLDER ADDRESS (STREET, CITY, STATE, ZIP)

3. FIRST OPINION INFORMATION

PHYSICIAN NAME (LAST, FIRST) WHO RECOMMENDED SURGERY

PHYSICIAN ADDRESS (STREET, CITY, STATE, ZIP)

4. SECOND/ THIRD OPINION CLAIM INFORMATION

DATE OF SERVICE	DESCRIPTION OF SECOND/THIRD OPINION SERVICES PERFORMED	CHARGES

PHYSICIAN NAME

PROVIDER NUMBER (FOR OFFICE USE ONLY)

PHYSICIAN ADDRESS (STREET, CITY, STATE, ZIP)

DIAGNOSIS

OFFICE USE ONLY

SURGICAL PROCEDURE

OFFICE USE ONLY

THIS IS A:
☐ SECOND OPINION ☐ THIRD OPINION

SURGERY IS RECOMMENDED
☐ YES ☐ NO

PHYSICIAN SIGNATURE

DATE

PROCEDURES

- To avoid unnecessary duplication of x-rays and diagnostic tests, please arrange with your physician for the release of records to the physician giving the second/third opinion. (NOTE: This form should also be used for filing a claim for a third opinion.)

- How to file:

  You must file this claim **immediately** with:

  Wellmark Blue Cross and Blue Shield of Iowa
  PO Box 9291
  Mail Station 5C139
  Des Moines, Iowa 50306-9291
  Fax: 515-376-9068

  Timely filing will insure prompt and proper handling of your surgery claim should you elect to have surgery.

- Complete blocks 1, 2, & 3.

- Have your physician, giving the second/third opinion, complete block 4 and sign.

- No part of your claim can be returned. If you need any of the itemized bill for your records, make a copy before mailing the claim.

- Submit only charges & services for the second/third opinion.

- Do not submit this form for services other than second/third opinion.

- Your provider will help you complete this form. This form should be submitted prior to the procedure(s) being performed.

- Incomplete claim forms will be returned.

- If you have questions, please call the Customer Service number on the back of your ID card.

  Mail immediately to:

  Wellmark Blue Cross and Blue Shield of Iowa
  PO Box 9291
  Mail Station 5C139
  Des Moines, Iowa 50306-9291
  Fax: 515-376-9068