

How to submit out-of-network claims on myibxtpabenefits.com

Submit your out-of-network medical claims online anytime. To get started, log in at myibxtpabenefits.com.

Step 1

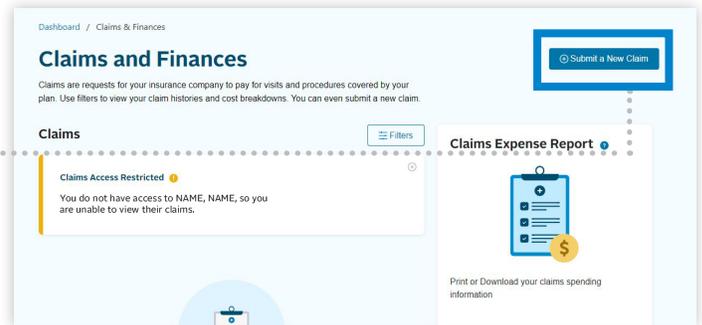
From the *Plan Selection* page, select your current health plan (if applicable). Then, on the *QuickStart* page, click the *View My Claims* tile.



Step 2

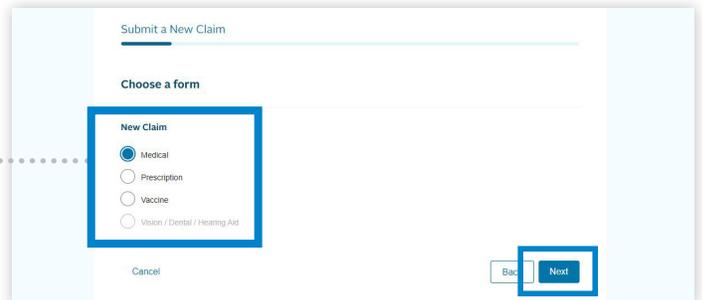
Be sure to have your provider's bill with information such as diagnosis code(s), procedure code(s), costs for services, etc. On the *Claims and Finances* page, click the *Submit a New Claim* button in the top right corner of your screen. You will be brought to the *Submit a New Claim* page. Click the *Continue* button.

Note that this is a secure site; however, be sure to properly protect and store your information, especially if you are using a public computer.

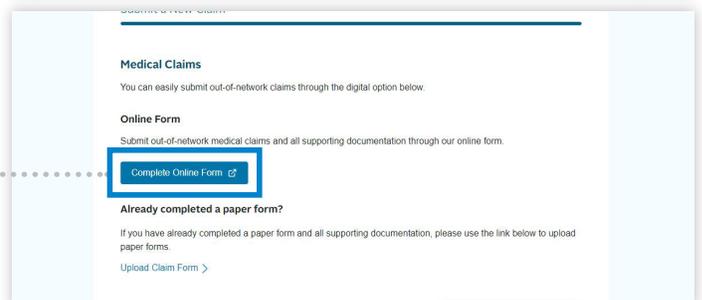


Step 3

In the *Choose a Form* section, click *Medical*, and then *Next*.



Select the *Complete Online Form* button.



Step 3 (continued)

Complete the *Manual Claims Submission* questionnaire and attach any supporting documentation. Click the *Review* button once you have finished this section and uploaded all documents. Check the information on the *Review* page and complete the *Acknowledgement* section, then click the *Submit* button.

Manual Claims Submission

Before beginning, make sure to have your doctor's bill with this information:

- Diagnosis Code(s)
- Procedure Code(s)
- Billing Provider Information
- Billing Practice NPI Number
- Physician's First Name
- Physician's Last Name
- Physician's Billing Practice Address
- Physician's City
- Physician's State
- Physician's Zip Code
- Costs
- PDF or Image of receipt

If you do not have the above information, please contact your doctor.

Please submit claims separately if the claims are for dates of service with different Member IDs.

Before submitting your claim, please ensure the following to protect your privacy:

- Use a computer that is connected to a private network when possible.
- Avoid public spaces. If not possible, remember to log out after submitting this form.
- Once submitted, store your documents in a secure location.

Claim Eligibility

Did you visit an out of network or non-participating provider?

Did you visit an out of network or non-participating provider?

Review

Acknowledgement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, the Health Plan may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy Practices.

Patient/Member's Signature

Patient/Member's Signature

Date

mm/dd/yyyy

Patient/Member's Preferred Contact Number

(000) 000-0000

Submit

Already filled out a claim?

If you have already completed an out-of-network reimbursement claim form and you would like to upload the form along with your supporting documentation:

1. Click the *Upload Claim Form* link.
2. Complete the questionnaire and attach supporting documentation.
3. Click the *Submit* button.

Medical Claims

You can easily submit out-of-network claims through the digital option below.

Online Form

Submit out-of-network medical claims and all supporting documentation through our online form.

[Complete Online Form](#)

Already completed a paper form?

If you have already completed a paper form and all supporting documentation, please use the link below to upload

[Upload Claim Form](#)

Cancel

[Select a Different Claim Type](#)

Questions?

If you have any questions, call Customer Service at the number on the back of your member ID card.

Log in at myibxtpabenefits.com to access your Independence Administrators benefits anytime.

Independence Administrators is an independent licensee of the Blue Cross and Blue Shield Association.

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