No Fault, Workers’ Compensation and Medicare Exhausted Benefits Form

Include this form when submitting a claim for benefits after No Fault, Workers’ Comp or Medicare has denied for exhausted benefits. *Use a separate form for each claim.* Also include a copy of the Explanation of Benefits from the primary carrier. Send the claim, accompanied by the form and EOB, directly to our OPL Department for adjudication. (See address below)

If the claim is for an out-of-area BlueCross BlueShield member, we will process the claim through the BlueCard Program. If the Home Plan requests that the claim be handled directly at the Home Plan, we will coordinate the transfer of the claim, including the copy of the other insurer’s Explanation of Benefits.

Date Request Submitted: ____________

Hospital Name: ____________________________ Provider #: ______________________

Contact Name: _____________________________ Contact Phone #: __________________

Patient Name: _____________________________ Patient ID #, including Prefix: __________

Patient Account #: _________________________ Date of Service: ______________________

**Reason for Claim Submission:**

<table>
<thead>
<tr>
<th>Check</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Fault Benefits Exhausted</td>
</tr>
<tr>
<td></td>
<td>Workers’ Compensation Benefits Exhausted</td>
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<tr>
<td></td>
<td>Medicare Benefits Exhausted</td>
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<tr>
<td></td>
<td>No Fault or Workers’ Comp Partial Payment</td>
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</tbody>
</table>

Comments:

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Mail completed form and attachments to:
Excellus BlueCross BlueShield
OPL Department
P.O. Box 21146
Eagan, MN 55121

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