

**Provider Acupuncture and Massage Therapy  
Claim Form**



***Instructions***

Please complete one form per member. Complete only those sections of this form that apply to the member. If you have further questions, you may contact Blue Medicare Advantage Customer Service. The telephone number is listed on the last page of this form. Thank you.

***Member Information***

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Blue Medicare Advantage Member ID \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Provider Information***

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Provider TIN \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Services and/or Supplies***

CPT CODE	DIAGNOSIS CODE	CHARGES

<b><i>Please email, mail or fax this form to ASH at:</i></b>	Blue Medicare Advantage Customer Service team is available to assist you 7 days a week, 8 a.m. to 8 p.m. at 1-866-508-7140. TTY users should call the National Relay Service at 711. You may reach a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.
<b><i>Mailing address:</i></b> <b><i>PO Box 509140</i></b> <b><i>San Diego, CA 92150</i></b>  <b><i>Fax: 877-404-2746</i></b>  <b><i>Email: <a href="mailto:appeal@ashn.com">appeal@ashn.com</a></i></b>	

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