



Important Anthem Claims Update

Dear Friend:

As you know, this past January, we made an important change to our health plans and transitioned many of the services to [Quantum Health](#). This change was designed to provide you with expert guidance, personalized support, and a single point of contact for your health care needs.

However, we are aware of instances where there have been some challenges, mostly related to the out-of-network claims submission process and reimbursement levels on out-of-network claims. We recognize that the difficulties you may have encountered are not at the level of service that you have come to expect, and we apologize for any errors or delays you may have experienced.

Please know that we are committed to resolving these issues expeditiously. In fact, we have resolved the issue related to out-of-network reimbursement levels. Previously submitted out-of-network claims are currently being reprocessed to the correct benefit level, and if applicable, an explanation of benefits will be sent. Additionally, you can now submit your out-of-network claims via email. This process offers you an alternative to the prior options of submitting your claims via US mail or by fax. We continue to investigate the ability to submit claims through an online portal and will keep you abreast as this develops. In the interim, to submit your out-of-network claim, please review the necessary steps below or visit [myQuantumCare.org](#).

If you have any questions, please do not hesitate to contact your Quantum Health Care Coordinator at (866) 871-0629 or visit [myQuantumCare.org](#).

We appreciate your continued patience and support. We remain committed to providing you with the highest level of service.

Faithfully,

John Servais

John Servais
Senior Vice President
Benefits Policy & Design

HOW TO SUBMIT AN OUT-OF-NETWORK CLAIM

OPTION 1: EMAIL (preferred)

- 1. Download and complete the [Member Reimbursement Claim Form](#)
- 2. Email the following to memberssubmitclaims@ameriben.com
 - Completed Member Reimbursement Claim Form
 - Itemized bill
 - Paid receipt

To ensure the timely processing of your claim, your itemized bill must include:

- A breakdown of each billed service (not a date range total)
- Patient’s name
- Provider’s name, address, NPI and/or tax ID
- Date and type of service
- Diagnosis and procedure codes and/or descriptions
- Amount charged per service

Please note, this email address is for claim submissions only. If you have additional questions, please contact your Care Coordinator at **(866) 871-0629**.

OPTION 2: FAX

- Fax your completed claim form, itemized bill, and receipt to: (208) 506-6209

OPTION 3: US MAIL

- Mail the completed form, itemized bill, and paid receipt to:
Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007

[MyCPG Accounts](#)

Quick, convenient, safe.



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