

Itemized Bill Information

Each provider's original itemized bill must be attached and must contain:

- The provider's Tax ID number
- The letterhead indicating the name and address of the person or organization providing the service
- The full name of the patient receiving services
- A description of each service
- The charge for each service

Please complete all items on the claim form. If the information requested does not apply to the patient, indicate N/A (Not Applicable).

If other insurance is primary, please submit the explanation of benefits from the primary insurance company.

Claims in foreign language or currency must be translated into English and United States currency.

This completed claim form together with itemized bills and supporting documentation should be submitted to:

Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula, MT 59806