

## RBMS, LLC CLAIMS SUBMISSION

**RBMS typically does not require any claim form. Most provider billings contain the information necessary to process a claim.**

If your provider does not bill insurance companies and you must pay at the time of the service, it will be necessary to submit your claim with a completed claims identification form shown below. This form is only required when presenting a bill for reimbursement that does not contain the necessary identification information.

### Claim Identification Form

Employee's Name \_\_\_\_\_

Employee's SSN \_\_\_\_\_

Employer's Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Comments \_\_\_\_\_

Please attach this form to any claim being submitted for reimbursement.

RBMS, LLC dba Risk & Benefit Management Services  
PO Box 241569 Anchorage, AK 99524-1569 Phone 907-561-3740

**If a claim is the result of an accident**, your Plan requires more detailed information. RBMS will send you an Accident Inquiry Questionnaire that must be completed and returned before benefit determination is made. The Accident Inquiry Questionnaire is also available on the RBMS website.

For information on the proper use of these or any other RBMS forms, please contact RBMS customer service at 907-561-3740 or 800-770-3740.