



And Its Affiliate HealthKeepers, Inc.

Please Mail Form To:

P.O. Box 27401, Richmond, VA 23279-7401
For Federal Employee Program® use:
P.O. Box 105557, Atlanta, GA 30348-5557

Claim Information/Adjustment Request
151 Form

Provider #:

Please complete all sections of this form to assist us when researching your inquiry/adjustment request.

Form sections including: Insured's ID Number, Patient's Name, Claim Number, Charge, Please Return To, Place of Treatment, and various checkboxes for claim type and filing method.

Reason and Claim Information sections, including checkboxes for 'Additional Information Attached', 'Other: (Explain)', and 'Adjustment Request' (Overpayment, Underpayment), along with 'Claim Information' (Onset Date, Consult Date, LMP, Accident, Illness).

837 Attachment Control Number:

Briefly Describe Claim Issue and Action Required

(For Internal Use Only)

Reply Date: Name:

Inquiry Number: (For Internal Use Only)

In Virginia: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123.) Anthem Blue Cross and Blue Shield and its affiliate, HealthKeepers, Inc. are independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.