

BILL CHECKER PROGRAM FORM

For Basic, PLUS, and Community Choice members

What is the Bill Checker program?

UniCare’s Bill Checker program gives you the opportunity to **share in any savings** that result if you find errors on your medical bills.

UniCare encourages you to always **review your medical bills for accuracy**. If you do find an error and get a corrected bill from your provider, send copies of both bills to UniCare for review. You will get 25% of any savings that result from a confirmed billing error.

What do I need to do?

- **Submit the completed Bill Checker form** and copies of both the original and corrected bills.
- **Write your UniCare member ID number** prominently on all the documents that you are sending to UniCare and keep copies for your own records.
- Note that **duplicate claims and services are not covered** by UniCare and will not be reviewed.
- Call UniCare Member Services at **833-663-4176** if you have any other questions.

PART A: About the UniCare enrollee				
Last name	First name	MI	Street address	
UniCare ID number (from UniCare ID card)			City	State ZIP code

PART B: About the medical bill	
Patient name (if different from enrollee)	Date of service
Name of service provider	Type of service <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient

Write your member ID on all paperwork.
 Send this form and your proof of payment to:

UniCare State Indemnity Plan
PO Box 9016
Andover, MA 01810-0916

You can also fax your paperwork to 978-474-5162 or
 email it to contact.us@anthem.com.