



Bill Checker form

For Total Choice, PLUS, and Community Choice members

What is the Bill Checker program?

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

Wellpoint 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 Wellpoint 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 Wellpoint member ID number** prominently on all the documents that you are sending to Wellpoint and keep copies for your own records.
- Note that **duplicate claims and services are not covered** by Wellpoint and will not be reviewed.
- Call Wellpoint Member Services at **833-663-4176** if you have any other questions.

PART A: About the Wellpoint enrollee

Last name	First name	MI	Street address		
Wellpoint ID number (from Wellpoint 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:

Wellpoint
PO Box 4095
Woburn, MA 01888

You can also send us your paperwork from your Wellpoint member account or fax it to 978-474-5162.