IMA Financial Group Member Claim Submission Process

How to Submit a Medical Claim

Out-of-Network (OON) claims should be processed by Ameriben within 30-45 business days of receipt provided the claims form includes all required information as listed below. Please ensure your claim includes all necessary information as indicated below and on the claim form. If any information is missing or an itemized receipt is not attached, you claim processing may be delayed or rejected. OON claims are first processed by the network (Anthem) then sent to our third-party administrator (Ameriben) to issue payment.

To submit a claim for reimbursement, you have two options:

Option 1: Submit Your Claim by Email (*recommended*)

1. Complete the Anthem Member Claim Form in full.
2. Attach all required documentation:
   - Itemized bill(s) from your provider
   - Proof of payment (if applicable)
3. Scan or take clear photos of all documents.
4. Email the completed form and attachments to: **IMAMemberClaims@ameriben.com**
   Note: This is a "no reply" email address. If you should have questions about your claim after submitting it, please call Ameriben Member Services at 877-379-4835.

Option 2: Mail Your Claim to Anthem

1. Complete the Anthem Member Claim Form in full.
2. Attach all required documentation:
   - Itemized bill(s) from your provider
   - Proof of payment (if applicable)
3. Make a copy of everything for your records.
4. Mail your completed claim form and documents to: Anthem Blue Cross, P.O. Box 60007, Los Angeles, CA 90060-0007.

The following items MUST be listed clearly on the claim form*:

- Correct member identification number on the claim form
- CPT Code
- Diagnosis code
- NPI number (provider name or facility name and address)
- Date of Service
- Itemized bill
- Place of service
- Tax identification number (EIN)
- When submitting claims for multiple dates of service from the same provider, include no more than three dates of service per claim form. If there are more than three dates of service, complete and submit an additional claim form.

***Please Note**: Any claims submissions missing itemized bills, claim forms or additional information such as provider Tax ID or NPI number will not be able to be processed and may result in claims processing delays while Ameriben member outreach is completed for claims correction. Once the submission is corrected and resubmitted by the Member, the 30 - 45 day timeframe will restart.*