

Medical Claims

Claim Submission

The C-51 form has been completely overhauled; this interactive process has various validations, controls, and sophisticated program logic, evidenced by the unique Start Form.

You may submit multiple dates of service on a single claim form as long as the dates of service all occurred in a single calendar year. A separate claim form must be submitted for each individual calendar year.

Are you filing this request with existing Claim number? Yes No

▼ Create a Claim for Medical Services (C51)

Type of Medical Claim: Please select.

Claim Number:

▼ Results

No rec

Prescription Only

Prescription & Medical

Surgical (ASC) Only

Please wait until claim is loaded.

Do you want to withdraw this medical claim? Yes No

1 The Start Form for the electronic C-51 allows you to file a standalone Claim or link to an existing Claim. Note the dropdown listing the types of Claims that can be chosen.

INSTRUCTIONS: This form is to be used to submit a claim for unpaid medical services pursuant to COMAR 14.09.08.06. The CMS 1500 and all relevant correspondence must be attached to this form. IF THIS CLAIM INCLUDES MULTIPLE DATES OF SERVICE, YOU MUST INDICATE ON THE ACCOMPANYING CMS 1500 THE AMOUNTS OF ANY PAYMENTS YOU HAVE RECEIVED AND INCLUDE A COPY OF THE RELEVANT EOB.

▼ Claimant Details

Claim Number: W403099 Date of Accident: 04/03/2023

Claimant: Carlos Medina Mailing Address: 3295 KAISER DR
ELLICOTT CITY MD 21043-4828

Email: Carlos.Medina@wcc.state.md.us Contact Phone: 1234567890

▼ Employer Details

Name	Address
A1 HR A DIVISION OF OASIS OUTSOURCING INC	3829 COCONUT PALM DR TAMPA FL 33619-1353

▼ Insurer Details

Name	Address
AMERICAN ZURICH INSURANCE	P O BOX 968084 SCHAUMBURG IL 60196-0000
STATE FARM INS CO	1 STATE FARM PLAZA D 2 BLOOMINGTON IL 61710-0000

▼ Healthcare Provider Details

Name	Address
TELOMERE DIAGNOSTIC INC	2688 MIDDLEFIELD RD SUITE A REDWOOD CITY CA 94063-0000

2 Review the read-only sections for accuracy.

▼ Prescription Details

To search in Micromedex - [Click Here](#)

Please use the search button above or add icon (+) to provide NDC Details.

▼ NDC Details

NDC Number	Drug Name	Date Of Service	Amount Billed	Dose (mg/ml)	Quantity
1001-0932	Neosporin	06/01/2023	\$25.00	2	2
1002-0873	Musinx	06/02/2023	\$50.00	3	1

3 Enter the Prescription Details using the table provided.

▼ Reasons for Medical Claim submission

Medical Claim Filing Date: 06/06/2023

Mailing date of the bill to Employer/Insurer in compliance with COMAR 14.09.08.06: 06/01/2023

I hereby certify that the attached bill for \$75, for services rendered to the above-named Claimant on 06/06/2023, was mailed to the above-named Employer/Insurer in compliance with COMAR 14.09.08.06 on 06/01/2023, and that

Reason for filing this claim:

No payment has been received

Payment has been refused

Partial payment has been received

Please enter the amount received previously as a partial payment: \$20.00

▼ Upload supporting documents

Please use the add icon (+) to upload documents

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

The following are the required documents to be uploaded with C-51 medical claims

1) Itemized list of service. 2) The medical records related to service being billed. 3) DME/Implant invoice. 4) EOBs

All attachments should be converted to PDF format before uploading

4 Choose the reasoning and attach the necessary documentation listed in the instructions.

▼ Upload Documents

Display Name	Description	File
Supporting Documents	Medical Claims-Drugs Invoice	W403099-Invoice.pdf
Supporting Documents	Medical Claims-list of items	W403099-Items list.pdf
Supporting Documents	Medical Claims-proof of payment	W403099-Payment proof.pdf