VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

District Administration Center 333 Skyway Drive, Camarillo, CA 93010 (805) 384-8300

(805) 384-8300					
BILLING INSTRUCTIONS					
☐Moorpark College Student Health Center Tel: (805) 378-1413 Fax: (805) 378-1570 Policy # 1157QA		S T F	Oxnard College tudent Health Center Cel: (805) 986-5832 Cax: (805) 488-0860 Policy # 1157QB	□Ventura College Student Health Center Tel: (805) 654-6346 Fax: (805) 648-8998 Policy # 1157QC	
			of California/Student Ac 7, Los Angeles, California 9000		
This pa		at Moorpark Ox ry. This verifies that		s referred to your facility for treatment nsurance, is only partly responsible for	
Please				es/does not have other private insurance	
1.	Medical benefits are limited. Read the policy for details and care not covered. For a patient with private insurance: FIRST – submit your bills to your private insurance SECOND – submit claim, itemized statement of original bill, EOB (Explanation of Benefits) and HIPPA authorization form to Blue Cross at the Los Angeles address (Blue Cross = secondary coverage).				
	Deductible: Coverage:	100% if physician/f	ble is \$100 for athletes; \$50 for facility IS a Blue Cross PPO me onable) if physician/facility IS		
2.	For a patient w Deductible: Coverage:	100% if physician/f	ble is \$100 for athletes; \$50 for facility IS a Blue Cross PPO me		
	NOTE: We recommend that injured student ask the physician/facility FIRST whether they are a Blue Cross Prudent Buyer Provider. You may verify that they are a blue Cross PPO by checking their web site a www.bluecrossca.com . If they are, 100% (after deductible) of bill will be paid; if they are not.org/not/ the student will be responsible for not only the deductible but also for the amount not paid by Blue Cross.				
3.	 How to submit your bills: Submit the following, to: Blue Cross of CA/Student Accounts, P.O. Box 60007, L.A., CA 90060-0007 Copy of Student & Athlete Insurance Accident Claim form Copy of your ITEMIZED statement Copy of EOB (Explanation of Benefits) from student's private insurance – when applicable. Copy of Health Insurance Portability and Accountability Act (HIPPA) form. 				
		t/patient does not hav Health Center or Col		em #1 above, please contact the	
	NOTE: Please submit your claims/charges directly to Blue Cross; sending it to the Health Center will only delay the processing of the claim.				
(8	•			lease call Blue Cross directly at SAIN college account. Thank you.	
Studen	t Nama (Print):			Date	