How to Request a Change in Your Records
FEP

Instructions

Do one of the following:

- **Call Customer Service** at the number listed on the back of your Member ID card if:
  - Your current address is wrong.
  - Your name or a dependent's name is spelled wrong.
  - Your birth date or a dependent's birth date is wrong.

- **Contact the healthcare provider** if you need to change or correct personal information in our records that we received from your healthcare provider.

- **Fill out the included form** if you need to ask for a change to other personal information in our records. For example, if information in a case management record is wrong, use this form to ask us to correct it.

If you have questions on how to fill out this form, call Customer Service.

Please note:

- If mail for one of your dependents needs to be sent to an address other than yours, that person must call Customer Service.

- In some cases, we cannot comply with your request. For example, we will not change information created by a healthcare provider that is outside our company.

Notice of Privacy Practices

Our Notice of Privacy Practices describes how we may use and disclose members' personal information and members' rights concerning it. This notice is on our website at *premera.com*. If you need a paper copy, call Customer Service at the number listed on the back of your Member ID card.

Questions? Call Customer Service:

FEHB: 800-562-1011 (TTY: 711)
PSHB: 800-550-1722 (TTY: 711)

BlueCross BlueShield
Federal Employee Program

Request for a Change in Your Records FEP

Instructions

- Please fill out all the information below.
- **Please print clearly**.
- Make a copy for your records and send the completed form in one of three ways:
  1. Secure Messaging through your MyBlue account at fepblue.org
  2. Fax: 877-202-3149
  3. Mail: FEP Appeals, PO Box 91058, Seattle, WA 98111-9158

Please note: We will respond to this request within **60** calendar days of receipt. If we need more time, we will let you know in writing.

A. Member whose records you are asking to change

Member's name: first name, middle initial, last name	Member's date of birth (mm/dd/yyyy)
Subscriber's name: first name, middle initial, last name	Member ID number

B. Who is asking for the change

Important: If you are not the member, you must be the member's parent, legal guardian, or holder of the power of attorney (POA). If you are the legal guardian or holder of POA, please send legal proof with this form.
Your name: first name, middle initial, last name
I am not the member. I am the (select one): ❍ Legal guardian ❍ Parent ❍ Holder of Power of Attorney/Legal Representative (must attach supporting legal documentation)

C. Mailing address – Tell us where you want us to send copies of records and other correspondence about this request.

Send to - select one ❍ Member ❍ Parent, legal guardian, or holder of power of attorney			
Mailing address	City	State	ZIP code
Daytime phone – include area code			

D. Information to be changed

Note: We can only change records that we created. If your healthcare provider created the record, send your request directly to the provider.
Describe the information that you want changed

Date(s) of the record(s) that you want changed. This could be a range of dates or multiple dates.
Why are you asking for this change?
How is the record wrong, incomplete, or out-of-date?
What is the correct information?

E. Signature – Print this form then sign it below.

Who must sign this form

- For a member aged 12 or younger, the parent or legal guardian can sign.
- For a member aged 13 or older, the member must sign, unless a court with jurisdiction has deemed the member incapable of consenting to his or her own services and has appointed a legal guardian.

Sign your name X_____	Printed name
	Date signed (mm/dd/yyyy)