

Medical Record Routing Form

Complete this form online and print. Please allow 30 days for medical record reviews.

Patient Information

Member First Name

Member Last Name

Contract Number

(From ID Card - Include three digit prefix)

Claim Number

Date(s) of Service

Brief reason for record review request

Please print and complete. Attach the documentation and fax or mail the information to the fax number or address indicated on the medical record routing form. 100 pages or less may be faxed.

****Please note when submitting medical records: Submit the documentation needed to support the service provided to the member. Complete medical records are not routinely required and should only be submitted when requested.**

Do not attach a copy of the claim form. Please mail or fax this form with the medical records to:

<p>Premera Blue Cross Medicare Advantage Plans P.O. Box 211671 Eagan, MN 55121</p>	<p>Or fax 100 pages or less to: Premera Blue Cross Medical Records 1-800-647-2844</p>
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