

# Records Request

## REQUEST A COPY OF YOUR RECORDS

Please fill out all the information below. **Print clearly.** Make a copy for your records.

Mail the completed form to:  
 Premera Blue Cross Medicare Advantage Plans  
 PO Box 262548  
 Plano, TX 75026

**Please note:** We will mail your copies within 30 days of getting this form, unless we notify you in writing within those 30 days that we need 30 more days and why. We will also let you know if we need to charge a fee for any copies.

<p><b>Member information</b></p>	<p>Member name _____                  (first, middle initial, last)</p> <p>Date of birth _____</p> <p>Member ID number _____</p>
<p><b>Your Information</b>                   (if not the member)</p>	<p>Your name _____                  (first, middle initial, last)</p> <p>Relationship to member</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Legal guardian</li> <li><input type="checkbox"/> Holder of power of attorney</li> </ul> <p><b>Important:</b> If you are not the member, you must be the member's parent, legal guardian or holder of power of attorney. If you are the legal guardian or holder of power attorney, please send legal proof with this form.</p>

<p><b>Mailing Address</b></p> <p>(who &amp; where to send copies and other mail for member)</p>	<p>Send to (check one):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Member</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Legal guardian</li> <li><input type="checkbox"/> Holder of power of attorney</li> <li><input type="checkbox"/> Another person</li> </ul> <p>Full name _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Phone _____</p>
<p><b>Type of information requested</b></p>	<p>Record date(s): _____</p> <p>Provider names(s): _____</p> <p>Medical condition: _____</p> <p>Service or treatment: _____</p> <p>General description of information: _____</p>
<p><b>Signature</b></p>	<p>Signature _____</p> <p>Printed name _____</p> <p>Date (MM/DD/YYYY) _____</p>

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

