BlueCross BlueShield
Federal Employee Program

Mail and Fax Cover Sheet FEP

☐ Records ☐ Corrected Claim ☐ Appeal

A. Member and Subscriber

Member ID Number (9 digits beginning with R)		
☐ **FEHB Group ID 1000040**	☐ **PSHB Group ID 7000040**	
Patient First Name	Patient Last Name	Patient Date of Birth
Subscriber First Name	Subscriber Last Name	Subscriber Date of Birth

B. Related as applicable

Claim number	Dates of Service
Authorization number	Call reference

C. Notes

Enter the caption here – deeper row works for two lines of fill-in text

D. Send to

Correspondence: PO Box 33932 Seattle WA 98133-0932 Fax: 877-239-3390	Appeals: PO Box 91058 Seattle WA 98111-9158 Appeal Fax: 877-202-3149