



**BlueCross  
BlueShield.**

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## MAIL AND FAX COVER SHEET

RECORDS

CORRECTED CLAIM

APPEAL

MEMBER ID#: **R**

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PREMERA FEP GROUP ID 1000040

**PATIENT :**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**SUBSCRIBER:**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**RELATED – AS APPLICABLE:**

CLAIM #: \_\_\_\_\_

DATE(S) OF SERVICE: \_\_\_\_\_

AUTHORIZATION #: \_\_\_\_\_

CALL REFERENCE #: \_\_\_\_\_

**NOTES:**

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