PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

How to Request a Change in Your Records

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: Call Customer Service at the number on the back of your member ID card.
Email: Sign in to your account at premera.com and select Secure Inbox.

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Request for a Change in Your Records

Instructions

- Please fill out all the information below.
- **Please print clearly**.
- Make a copy for your records and mail the completed form to:
  Premera Blue Cross Blue Shield of Alaska
  P.O. Box 21702
  Eagan, MN 55121

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	Subscriber 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 17 or younger, the parent or legal guardian can sign.
- For a member aged 18 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	Printed name
X_____	Date signed (mm/dd/yyyy)

Notice of availability and nondiscrimination 800-809-9361 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Vala‘au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa‘aopo‘opo talafeagai ma auaunaga.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d’assistance linguistique et des aides et services auxiliaires appropriés.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.