Blue Cross Blue Shield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association.

mm dd yyyy

( )

Policy Effective Date mm dd yyyy

9. Was condition related to: a. Patient's Employment ☐

11. Ordering Physician

Phone: ( )

Address City State ZIPkeep

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e undersig to enable Blue Cross and Blue Shield of Alabama to consider this claim
payment, ar is true and correct and that the expenses were incurred by the above named
ent. I unders all be made to me.

ature Date

SEE BACK OF CLAIM FORM FOR EASY CLAIM FILING INSTRUCTIONS