



Blue Shield of California Provider Fax Coversheet

Use this form to fax claim documents to Blue Shield for processing.

From:	
Date	
Provider Name	
Provider Tax ID	
Provider Billing PIN (if known)	
Contact Person	
Contact Phone #	
Contact Fax #	

To: Blue Shield of California	
Blue Shield of California Fax #	1-248-733-6331

Required Information		
Blue Shield ICN/Claim #		
Request for claim correction?	Yes	No
Submitting additional documents requested to process a claim?	Yes	No
Subscriber ID (including alpha prefix)		
Patient Name		
Patient Account Number		
Date of Service		

Comments or Explanation: