



Thank you for choosing a Medicare plan from Blue Cross and Blue Shield of Montana. Please follow these instructions to request a pharmacy and/or provider directory:

- Step 1: Complete the Contact Information and Directory Type sections below. Both sections must be filled out for us to complete your request.
Step 2: Save this Directory Request Form to your computer.
Step 3: Attach this Directory Request Form to an email with the subject line 'Directory Request: MT - <Directory Type>.' (For example: Directory Request: MT - Provider Directory).
Step 4: Send the email to MedicareDirectory@bcbsmt.com.

YOUR CONTACT INFORMATION

First Name

Last Name

Mailing Address

City

State

ZIP Code

SELECT YOUR PLAN NAME AND DESIRED DIRECTORY

Employer/Group name your insurance is through (if applicable)

Medicare Advantage Plan (check one)

[] Blue Cross Medicare Advantage (HMO)SM

[] Blue Cross Medicare Advantage (PPO)SM

Directory (select all that you need)

[] Pharmacy Directory

[] Provider Directory

If you have questions, please call Customer Service at the phone number listed on the back of your member ID card.

HMO and PPO plans are provided by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.