



## FAX COMPLETED FORM TO 877-257-2012

|  |  |      |                               |          |
|--|--|------|-------------------------------|----------|
| Insurance company name                       |  |      |                               |          |
| Insurance adjuster name                      |  |      | Insurance claim number        |          |
| Insurance company street address             |  | City | State                         | Zip code |
| Insurance adjuster phone number              |  |      | Insurance adjuster fax number |          |
| Date and type of next scheduled hearing date |  |      |                               |          |

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