

blue of california

Subscriber

RUTH HELFINSTEIN

ID# **XEA902910719**

Network Name **Full PPO**

Group #

W0050630

Effective

12/01/2015

Coverage

FAMILY

Plan

PPO

RxBIN

600428

RxPCN

01910000

BRONZE FULL PPO 4500





Members: Use Blue Shield of California preferred providers to receive maximum benefits.

Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare.

CA Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment. Visit Provider Connection at:

blueshieldca.com/provider

CA Medical claims to: Blue Shield of California, P.O. Box 272540, Chico, CA **95927-2540**

Pediatric Dental Claims to: Blue Shield of California, P.O. Box 272590, Chico, CA 95927

blueshieldca.com

(888) 319-5999	Customer Service
711	TTY
(877) 263-9952	Mental Health Customer Svc.
(877) 304-0504	NurseHelp 24/7
(800) 810-2583	To locate providers outside of CA
(800) 541-6652	CA Provider Customer Service (including hospitals)
(888) 635-8224	Pharmacists Only
(877) 601-9083	Pediatric Vision Benefits and Claims
(888) 702-4171	Pediatric Dental Benefits and Claims

Blue Shield of California is an independent member of the Blue Shield Association.
