Blue Cross Blue Shield Online Claim Form



Confirmation

Your claim form has been submitted successfully. Please keep the Claim Number below for your records.

Claim Number: P8J54-C7DZG

Subscriber Information

Mailing Address

Street Line 1 Street Line 2

1663 West Campbell Rd, Garland 4403

City State Zip

Garland TX 75044

Subscriber Name

First Name Middle Initial Last Name

Yalin Yang

Phone Number

Phone

(607) 374-9844

Email Address

Email

yxy180050@utdallas.edu



U Health Plan Details

Blue Cross and Blue Shield of Texas

Health Plan Name **Coverage Start Date Coverage End Date** Group #

Blue Cross and Blue Shield

of Texas

239939

08/2019

10/2020

Employer Name

University of Texas at Dallas

Employer Address

800 W Campbell Rd, Richardson, TX 75080

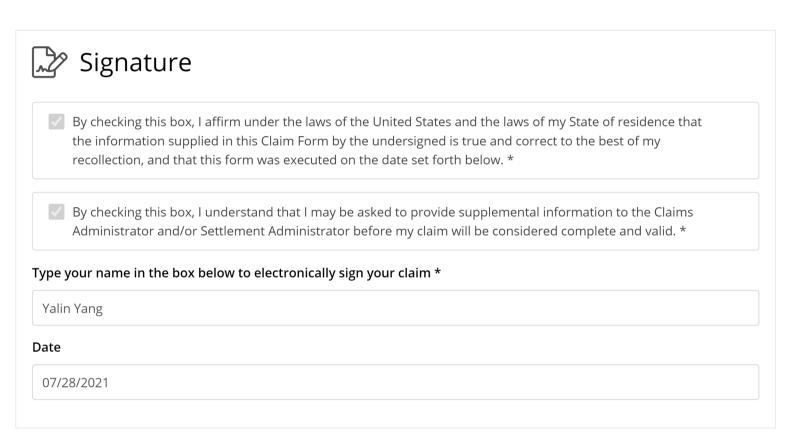
Subscriber or Member ID

ZGP819300976

Allocation of Premiums	
Default Option Selected	\bigcirc

Payment Election

Payment Option
Check





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