

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

1663 West Campbell Rd, Garland

Street Line 2

4403

City

Garland

State

TX

Zip

75044

Subscriber Name

First Name

Yalin

Middle Initial

Last Name

Yang

Phone Number

Phone

(607) 374-9844

Email Address

Email

yxy180050@utdallas.edu



Health Plan Details

Blue Cross and Blue Shield of Texas

Health Plan Name

Blue Cross and Blue Shield
of Texas

Group #

239939

Coverage Start Date

08/2019

Coverage End Date

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



Payment Election

Payment Option

Check

Signature

☒ By checking this box, I affirm under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below. *

☒ By checking this box, I understand that I may be asked to provide supplemental information to the Claims Administrator and/or Settlement Administrator before my claim will be considered complete and valid. *

Type your name in the box below to electronically sign your claim *

Yalin Yang

Date

07/28/2021



© 2021 JND Legal Administration. All Rights Reserved.

[PRIVACY POLICY \(HTTPS://WWW.JNDLA.COM/PRIVACY-POLICY\)](https://www.jndla.com/privacy-policy)

[Privacy](#) - [Terms](#)