



Date: November 21, 2025

Dear Provider,

Please accept this letter as a temporary Blue Cross and Blue Shield identification card.

According to the information on file, the following individual(s) have Blue Cross and Blue Shield coverage:

Subscriber: **TROY LONG**

Identification Number: **YUQ947255837**

Medical Group Number: **OS1402**

Eff.date: **12/01/2025**

DEPENDENT INFO:

**KELLY LONG**

**HANNAH LONG**

**NATHANIEL LONG**

**This letter does not guarantee coverage or payment and does not represent prior approval for benefits.** All claims are subject to coverage provisions and medical necessity.

To verify eligibility and product information, call (866) 520-2507.

**ATTENTION PROVIDER:** This Temporary ID will automatically expire within 30 days after the date of its issuance. If you are providing services to this enrollee or his/her dependent after the expiration date, please call the number listed above to check that the information contained in this letter is still accurate.

Please file all claims with your LOCAL Blue Cross and Blue Shield plan.

Thank you.

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