



February 4, 2013

Claim Information

Patient Name: Joe M. Smith
Claim No.: 205520100002038370
Group/ID No.: 000N66004
Service Date: 1/18/13 – 1/18/13
Prov. Pat. No.: 126618F10393800CM

To contact us: 800-000-0000



Dr. John Jones
12121 Fake St.
#24B
Fake City, TX 75266-4400

Subject: Please help us with your claim

Dear Dr. John Jones:

Thank you for submitting a BlueCard claim for the service you provided to Joe M. Smith on Jan. 18, 2013. To process this claim, we need some additional information from you.

How you can help

The member's three-letter BlueCard alpha prefix on the claim — OYM — isn't valid for coverage on the date of service.

Your next steps:

- Review the claim and make sure the three-letter BlueCard alpha prefix and other patient information — including policy number — are correct
- Correct any errors and resubmit the claim with a copy of this letter
- Contact us at the number above if all of the information on the claim is correct

We appreciate the important role you play in the lives of our members and their families. If you have specific questions about this letter — or if there's anything else we can do to make your job easier — please call us at the number above.

Sincerely,

Your Customer Advocates
Generic Service Center



