1. Patient Information — 1A. Alpha prefix Identification number Copy this from your Blue Cross Blue Shield identification card.

1B. Patient 's name (First, middle initial, last)

1C. Patient 's date of birth
MM/DD/YYYY

1D. Patient 's sex
Male Female

1E. Name of subscriber (First, middle initial, last)

1F. Subscriber 's date of birth
MM/DD/YYYY

1G. Patient 's relationship to subscriber
Self Spouse Child

1H. Subscriber 's current mailing address (Street, city, state, and country or ZIP code)

1I. Patient's e-mail address

2. Other Health Insurance — Is the patient covered under other health insurance, including Medicare A or B? Yes No
If yes, complete 2A through 2K below.

2A. Name and address of other insuring company

2B. Type of policy

General Information

- The Blue Cross Blue Shield Global Core International Claim Form is to be used to submit institutional and professional claims for benefits for covered services received outside the United States, Puerto Rico and the U.S. Virgin Islands.
- For other claim types (e.g., dental, prescription drugs), contact your Blue Cross and Blue Shield Company for filing instructions.
- Please complete all fields. If the information requested does not apply to the patient, indicate N/A (Not Applicable).
- Please attach receipts and medical records (test results, x-rays, etc.), if available.
- Please keep photocopies of all documentation for your personal records.

Itemized Bill Information

Each provider's original itemized bill must be attached and must contain:

– The letterhead indicating the name and address of the person or organization providing the service

– The full name of the patient receiving the service