

Patient: **FRANCES M PATRICK**
DOB: **08/14/1985** Gender: **Female**
Relationship to Insured: **Self**
Provider: **CAROL MOXLEY STEWART**

Insured: **FRANCES M PATRICK**
Contract: **QAU861290315** Gro
Plan Date: **01/01/2019 - 12/31/99**
NPI: **1922319102** Date of Serv

 BlueCross BlueShield of Alabama		
Subscriber Name FRANCES MOSLEY PATRICK		AUBURN UNIVERSITY
Contract Number QAU861290315		
Group Number	37655	
Effective Date	01-01-2021	
Rx BIN Number	004915	
HEALTH	PAC	 

Providers file claims and direct questions about claim payments to the local Blue Cross and/or Blue Shield Plan.

Blue Cross and Blue Shield of Alabama provides administrative services only and does not assume any financial risk for claims.



www.Ali

Member Customer Service
PPO Provider Locator: 1 8
Preadmission Certification
Provider Benefits/Eligibilit
Pharmacist: 1 800 216-992

Blue Cross and Blue Shield
450 Riverchase Parkway East
Birmingham, Alabama 35244
An Independent Licensee of t
Blue Cross and Blue Shield A

ELIGIBILITY AND BENEFITS - Requested Service Type: Health Benefit Plan Coverage

Patient Address: **803 CHICKASAW AVE,
AUBURN, AL 36830**

Insured Address: **803 CHICK
AUBURN, A**
Additional Identification: **Group M**

PAYER

Payer

P
M