

Patient: **ALLISON L HENDRICKS**
DOB: **08/19/1992** Gender: **Female**
Relationship to Insured: **Self**
Provider: **CAROL MOXLEY STEWART**

Insured: **ALLISON L HENDRICKS**
Contract: **QAU885811743** Group/Div: **0037655-102**
Plan Date: **01/01/2018 - 12/31/9999**
NPI: **1922319102** Date of Service: **11/02/2020**



BlueCross BlueShield
of Alabama



Subscriber Name
ALLISON LORRAINE HENDRICKS

AUBURN UNIVERSITY

Contract Number
QAU885811743

Group Number **37655**

Effective Date **01-01-2018**

Rx BIN Number **004915**

HEALTH PAC





www.AlabamaBlue.com

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.

Member Customer Service: 1 800 633-8052
PPO Provider Locator: 1 800 810-2583
Preadmission Certification: 1 800 248-2342
Provider Benefits/Eligibility: 1 800 517-6425
Pharmacist: 1 800 216-9920

Blue Cross and Blue Shield of Alabama
450 Riverchase Parkway East
Birmingham, Alabama 35244
An Independent Licensee of the Blue Cross and Blue Shield Association.

IDC003-015

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

Patient Address: **8262 FAIRHAVEN LN,
MONTGOMERY, AL 36117**

Insured Address: **8262 FAIRHAVEN LN,
MONTGOMERY, AL 36117**

Additional Identification: **Group Number 0037655-102**
Social Security Number 610924087

PAYER	
Payer	Primary Payer: BCBS Alabama Member ID: QAU885811743

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UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.