



BlueCross BlueShield
of Alabama



Subscriber Name
ALYSSA M FITZGERALD
Contract Number
PPA801135783

In-Ntwk Ded: \$4,200
Out-of-Ntwk Ded: \$4,200
In-Ntwk OOP: \$9,200
Out-of-Ntwk OOP: NA

Group Number **67382**
Effective Date **10-01-2025**
Rx Bin Number **004915**

HEALTH

PAC





Premium Saver
Plan



Member

Member: Alyssa Fitzgerald

Member ID: 62a00f07b

Employer: PRO IMPACT PHYSICAL
THERAPY

Group #: 28995

Secondary Medical Plan

Plan Name: Premium Saver

Deductible: \$500.00

Benefit Amount: \$4,000.00

Effective Date: 08/01/2025

Underwritten by AmFirst Insurance Company

Claims Submission

Change Healthcare
Payer ID: 64090
Submit Electronic Claims to:
www.changehealthcare.com

SoftCare
Payer ID: 01757
Submit Electronic Claims to:
www.softcare.com

Mail:
Amfirst Insurance Company
P.O. Box 211747
Eagan, MN 55121

Providers Must Include:
Itemized Bill or
HCFA
Primary Carrier EOB

Eligibility

To confirm eligibility, verify benefits or check the status of a claim, please call AmFirst Insurance Company at 877.977.9412.

Disclaimer

Benefits may be limited to the deductible, co-payment or co-insurance amount the Insured is required to pay under their Major Medical/Comprehensive Policy, subject to the provisions, limitations, and exclusions of the policy.

THIS IS NOT MAJOR MEDICAL INSURANCE.