



Emergency Room Review Form

Please complete the following information and attach this form with each Emergency Room Medical Record. Thank you!

Product (please circle one):

- Traditional Indemnity
- Personal Choice®
- Personal Choice 65SM PPO
- Keystone Health Plan East HMO
- Keystone Point-of-Service
- Keystone 65 Preferred HMO
- Keystone 65 Select HMO

Provider Name: _____

NPI and/or 10-Digit Legacy Provider ID Number: _____

Patient ID Number: _____

Date of Service: _____

IBC Claim Number: _____

Patient's First Name: _____

Patient's Last Name: _____

(____) _____

Form completed by (print name)

Telephone number

Return completed form with medical records to:

Claims Medical Review - Emergency Room Review
Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103-1480