# Implant Reimbursement Request Form

Please complete the following fields and fax to **215-238-7088**.

**Provider name:** ____________________

**Provider #:** ____________________

**Member name:** ____________________

**Member ID #:** ____________________

**Member provider account #:** ____________________

**Surgical paid claim #:** ____________________

**Admit date:** ____________________

**Discharge date:** ____________________

**Implant type:** ____________________

**Implant invoice cost:** ____________________

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.