



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	Keystone Health Plan East HMO
Personal Choice®	Keystone 65
Personal Choice 65 SM	Keystone Point-of-Service
	Keystone 65 Choice
	Keystone 65 Complete

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 (Please Print) (____) _____
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

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.