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

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.