



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Diabetes Education Claim Adjustments

To request adjustments for diabetes education, please complete the following information for members covered by BlueCross BlueShield of South Carolina and the Federal Employee Program. Be sure to complete/check each section below.

Group claim numbers for like plans together and mail or fax with one cover sheet to the appropriate Provider Service area.

Subscriber Plan Type

Type of Plan (Check only one): [] South Carolina Preferred Blue [] Federal Employee Program

Provider Information

E-Mail Address: _____

Provider Name: _____ Provider Number: _____ Phone Number: _____

Provider Address: _____

Contact Person: _____

Claim Numbers for Diabetes Education Adjustments

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

******Do not attach claim******

FAX or MAIL TO THE APPROPRIATE ADDRESS:

- PREFERRED BLUE

PROVIDER SERVICES: AF-720
I-20 at ALPINE ROAD, COLUMBIA, SC 29219
FAX (803) 264-4172

- FEDERAL EMPLOYEE PLAN/FEP:
(‘R’ ALPHA PREFIX)

FEDERAL EMPLOYEE PLAN: AX-B05
P.O. BOX 600601, COLUMBIA, SC 29260
FAX (803) 264-8104

Note: This form is intended for use by physicians and other healthcare professionals in South Carolina. Claims questions, reviews, and appeals for those located outside of South Carolina should be directed to their local plan.