



South Carolina

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

Request for Review

Date:	I.D. Number:
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Name: *(Please print)*

Address:

1. Please explain the reason for your request for review.

2. Please give any additional information you wish to review. (Attach or write here.)

3. If related to a claim, please give the following information:

a) Name of the provider of service

b) Dates of service of the claim

PLEASE MAIL THE WHITE COPY OF THIS REQUEST TO:
BlueCross BlueShield of South Carolina
Consumer Products
P.O. Box 100133
Columbia, SC 29202-3133