

Blue RewardsSM Form



Date: _____

Subscriber ID: _____

Subscriber Name: _____

Subscriber Address: _____

Email Address: _____

Telephone number: _____ (where you can be easily reached)

Patient Name	Date of Service	Service Received (Ex: Flu Shot, Wellness Exam, or Telehealth Visit)	Location of Service

Important: Please send any available documentation to support the receipt of this service.

Please send completed form to any of the following:

Email: membership.enrollment@bcssc.com

Fax: 803-870-9439

Mail: BlueCross BlueShield of South Carolina
Marketplace Operations
AX-F21
P.O. Box 100228
Columbia, SC 29202

For customer service questions, please email membership.enrollment@bcssc.com or call 855-404-6752.

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