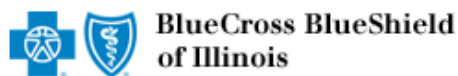


The document below will serve as proof of insurance for any upcoming doctor or hospital visit.



Date: October 01, 2021

Dear Provider,

Please accept this letter as a temporary Blue Cross and Blue Shield identification card.

According to the information on file, the following individual(s) have Blue Cross and Blue Shield coverage:

Subscriber:	Monika Inapakolla	Identification Number:	XOX828094955
Medical Group Number:	250626	Eff date:	10/30/2021
Drug Group Number:	250626	Eff date:	10/30/2021
RxBIN Number:	011552		
RxPCN Number:	ILDR		

This letter does not guarantee coverage or payment and does not represent prior approval for benefits. All claims are subject to coverage provisions and medical necessity. For self funded health plans (ASO), Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

To verify eligibility and product information, call (800) 676-BLUE (2583).

ATTENTION PROVIDER: This Temporary ID will automatically expire within 30 days after the date of its issuance. If you are providing services to this enrollee or his/her dependent after the expiration date, please call the number listed above to check that the information contained in this letter is still accurate.

Please file all claims with your LOCAL Blue Cross and Blue Shield plan.

Thank you.

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www.bcbsil.com

