



Medicare Plus BlueSM PPO
Clinic/Facility provider reimbursement request for
charts supplied to Ciox Health

Date reimbursement request **faxed (1-972-957-2143)** to Ciox: _____

Please include:

- This completed coversheet
- Chart pull list supplied by Ciox Health
- W9

Note: In accordance with your participating provider agreement, Blue Cross will only reimburse network providers for chart/record requests. We do not reimburse copy house vendors. Reimbursement is for charts/records of Medicare Plus BlueSM PPO members only. Per contract, reimbursement will not be made for charts/records requests for Blue Care Network members.

Date of Ciox Health request:		
Outreach ID / Site ID:		
Facility Tax identification number:		
Facility Name:		
Facility Contact person (name and phone):		
Number of Medicare Plus Blue SM PPO members identified for review:		
Records requested were pulled and:		<input type="checkbox"/> Faxed or mailed to Ciox Health <input type="checkbox"/> Reviewed onsite <input type="checkbox"/> Other (electronic access or CD)
Check should be issued to:(complete name and address) Please include W9		
Fee per chart or if needed please attach a separate invoice with fees.		