

L B GROTT
5399 MAYFIELD RD
LYNDHURST OH 44124-2457

****** IMPORTANT NOTICE ******
MISSING/INVALID INFORMATION
ON
CMS-1500 OR UB-92 OR DENTAL CLAIM FORM

Dear Provider:

We are unable to process the following claim:

Patient Name: AL [REDACTED]
Member ID: [REDACTED]0010 [REDACTED]
Patient Account:
Date of Service: 07/02/09
Charge: \$ [REDACTED]
DCN: 09325A291532

Critical information is missing or invalid. Please provide the necessary information and re-file the corrected claim, in its entirety on a **CMS-1500, UB-92, or Dental** claim form. It is not necessary to return this letter with your resubmission. **Refer to the Member identification card for correct filing instructions.**

We are unable to process the claim due to:

006 INSURED FIRST NAME MISSING/ILLEGIBLE
005 INSURED LAST NAME MISSING/ILLEGIBLE

Providers who DO NOT have a participating agreement with the state/plan in which the member has coverage, must file claims for members whose ID begins with a 3-digit alpha prefix with your local Blue Cross Shield plan for processing through the BLUECARD program.

If you have questions or concerns, please contact your local Provider Inquiry Unit. Thank you for your attention to this matter.