

ATTACH  
RECEIPTS  
HERE



**Independence  
Blue Cross**

Benefits underwritten or administered by QCC Ins. Co.  
a subsidiary of Independence Blue Cross – independent  
licensees of the Blue Cross and Blue Shield Association

**PPO PROGRAM  
OUT-OF-NETWORK CLAIM FORM**

Please Mail To: **Claims Receipt Center  
P.O. Box 211184  
Eagan, MN 55121**

(see reverse side for instructions)



**Language Assistance Services**

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa

1-800-275-2583 (TTY: 711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés

**Discrimination is Against the Law**

If you need these services, contact our Civil Rights

This Plan complies with applicable Federal civil rights

Coordinator. If you believe that This Plan has failed

color, national origin, age, disability, or sex. This Plan

may on the basis of race, color, national origin, age