



PlusBilling® FORM

IMPORTANT: To ensure proper coverage, please be sure to verify coverage selection on the Application to Enroll or Change Enrollment. Complete SECTION 1 and attach supporting documents (i.e., Application to Enroll or Change Enrollment, Overage Listings, COBRA Notices, etc.)

1 Group Name: Report Prepared By: Telephone Number: Date:

Total Number of Documents Attached: []

Use SECTION 2 to report cancellations of an entire contract. If you are using SECTION 2 to also list contracts that are being added or changed, please check the appropriate box.

Table with 6 columns: Check One (ADD, CHANGE, CANCEL), Subscriber ID/Social Security No., Group ID/Number, Subscriber's Name (LAST, FIRST, MI), Cancellation Effective Date, Cancellation Reason (See Back of Form). Includes a large '2' on the left side.

☐ CHECK HERE IF A NEW SUPPLY OF REPORT FORMS IS NEEDED.

Forward the top copy, along with the supporting documents, to Capital BlueCross at the address noted, and keep the bottom copy for your files.

Forward to: Account Administration
Capital BlueCross
PO Box 772616
Harrisburg, PA 17177-2616
Fax Number: (717) 541-6667