



BlueCross BlueShield of Texas

BCBSTX MEDICARE SUPPLY REQUISITION FORM

Date:
Producer Name: (Please Print)
Business Name (if any):
Address: (City) (State) (Zip Code)
Phone #: Fax #:
E-mail Address:

Mail / Fax Request to:
Consumer Markets
Blue Cross and Blue Shield of Texas
PO Box 833922
Richardson TX 75083
Fax: (972) 766-8253

Please write in quantity of item(s) being requested. Most forms can be found and printed at: www.bcbstx.com/producer/forms.htm

SENIOR PRODUCTS

Medicare Supplement

Under 65 Medicare Disabled Products

Table with 3 columns: Quantity, Form No., Title. Includes items like Medicare Supplement Salespack, Medicare Supplement Application, Medicare Supplement Replacement Notice, Medicare Supplement Buyers Guide, Medicare Supplement New Business Envelope, Medicare Supplement Supply Requisition Form, Medicare Supplement Rate Card, Medicare Supplement Product Guide, Medicare Supplement Combo Mailer, Medicare Supplement Protected Health Information (PHI) Authorization Form.

Table with 3 columns: Quantity, Form No., Title. Includes items like Medicare Supplement Application, Under 65 Medicare Supplement Outline of Coverage, Under 65 Medicare Supplement to Application, Medicare Supplement New Business Envelope, Medicare Disability Plan Replacement Notice.

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