

Parts of a Blue Cross Blue Shield Insurance Card

Front Of Card



Member Name

Member Name

Group No:0123456

Dependents

Dependents One

Dependents Two

Dependents Three

Benefit Plan 1234567

Effective Date mm/dd/yy

Plan PPO

Office Visit \$10

Specialist Copay \$15

Emergency \$75

Deductible \$50



Blue Shield Billing Guidelines For 64400

Patricia A. McLean



Blue Shield Billing Guidelines For 64400:
Managing Your TMJ Practice Patricia A. McLean, 1986

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