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## SEND FORM TO:

To facilitate a quicker response to your inquiry, please complete this form and attach all relevant claim information (claim, EOMB, operative notes) and send to the proper address below based on the member's insurance coverage:

■ **MD, NCA, BlueChoice:**

CareFirst BlueCross BlueShield  
840 First Street, NE  
Washington, DC 20077-0856  
DSU 517  
Fax: 410-308-3260

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■ **FEP- Federal Employee Program:**

Mail Administrator  
P.O. Box 14113  
Lexington, KY 40512-4113

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■ **NASCO and Maryland Care Business:**

CareFirst BlueCross BlueShield  
Mailstop RR465  
10455 Mill Run Circle  
Owings Mills, MD 21117-9921  
Attn: Coordination of Benefits, OPL  
Fax: 410-308-3260

Copies of this form may be obtained by visiting [www.carefirst.com](http://www.carefirst.com) › *Members & Visitors* › *Forms*.

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