



An Independent Licensee of the Blue Cross and Blue Shield Association

Network Management Service Unit
Fax to: (904) 997-5716

Contract Copy Request Form

To request a copy of your Florida Blue contract, please complete the information below. An email address is required. Electronic copies will be sent through secured email.

Date _____

Group/Facility Information

Name of Group/Facility	Group/Facility Number	Group/Facility NPI Number
Telephone Number (_____) _____		
Email (required to obtain a complete schedule)		
Contact Name		

GROUP CONTRACT REQUEST

Product Lines

All contracted product lines

PPO

Preferred Patient Care (PPC)

Traditional/PPS

NetworkBlue

BlueSelect

Miami-Dade Blue

HMO

Blue Care HMO

MyBlue HMO

Simply Blue HMO

Medicare

Blue Medicare MyTime Plus

Medicare Advantage HMO

Medicare Advantage PPO

Blue Medicare Complete

Advantage 65

Group or Facility-Authorized Signature Required for Release of Information

This request must be signed below by the group/facility-authorized signatory: the person whose signature appears on your contract with Florida Blue. If signed by anyone else, the request will be denied.

Authorized Signature _____

Signer's Name *(please print)* _____

Signer's Title _____