

# Medical Records Submission Form



To submit medical records for paper or electronic claims filed to Blue Cross Blue Shield of North Dakota (BCBSND), please complete this form and submit with all pertinent medical records.

**Please return to:**

- Mail: BCBSND  
4510 13th Ave S  
Fargo, ND 58121
- Fax: (701) 277-2132

Provider Information	
Provider Name	
NPI	

Member Information	
Last Name	First Name
Date of Birth (mm/dd/yyyy)	Member ID Number
Claim Number(s)	
Date(s) of Service (mm/dd/yyyy)	