



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**DRUG POLICY
PROVIDER COMMENTS**

Must complete ALL fields.

From		Date	
Provider Name		NPI (National Provider Identifier)	<input type="text"/>
Phone	Fax		
E-mail	Policy Name		

Comments

Please return to the fax number listed below:

Fax to: Blue Cross and Blue Shield of Alabama, Attn: Pharmacy **205-733-6471**