



## Medical Records Cover Sheet

When submitting patient medical records to Blue Cross & Blue Shield of Rhode Island (BCBSRI), please attach a copy of the request letter **or** this cover sheet to ensure that medical records are distributed to the appropriate BCBSRI department. If you choose to use this cover sheet, please provide the information requested below to explain your reason for submitting medical records.

**Please fax this completed cover sheet, along with the medical records, to (401) 459-1950 or mail to:**

Medical Records Unit  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903-2629

1. Please complete the information below.

Provider Name	
Provider Email	
Sender Name	
Sender Phone #	
Patient Name	
Member ID	

2. Please specify your reason for submitting medical records:

- Denied Claims (must include claim)
- Prior Authorization
- Audit
- BlueCard Request
- Other \_\_\_\_\_

**3. Please include medical records with faxed or mailed form.**

If you have questions, please call the Physician & Provider Service Center at (401) 274-4848.