

How to submit Medicare Supplement and Part D applications to BSC

Basically there are 3 departments.

1. The Medicare Supplement Dept (Lodi, CA)
2. The Part D Prescription Drug Plans Dept (Woodland Hills)
3. Cash Receiving (Med Supp: El Dorado Hills & Part D: Woodland Hills)

Don't submit everything to one department – this will cost your clients time as the applications get sorted and sent to the correct dept.

Producer Connection: www.blueshieldca.com/producer Producer Services: **1-800-559-5905**

Medicare Supplement Plans	Submit via
<p><u>New Med Supp Applications</u></p> <p>Note: PPO Dental is now available on the app... (pg 7)</p>	<ul style="list-style-type: none"> • Fax: 209-367-6391 • Email: msinstall@blueshieldca.com • Mail: <div style="margin-left: 20px;"> The Medicare Supplement Dept Blue Shield of Ca PO BOX 3008 Lodi, CA 95241-1912 </div>
<p><u>Med Supp Automatic Payment Form EASY\$PAY</u></p> <p>Two Versions are available (one is easier to fax).</p> <ol style="list-style-type: none"> 1. The Small, White, Folding brochure found in each Med Supp kit with return envelope <p>or</p> <ol style="list-style-type: none"> 2. The Full-Page version on Producer Connection in the Medicare Eligible Form section. Easy to fax! 	<p><u>New Clients:</u> Send the Auto Pay Form WITH the Med Supp Application! Use the Fax and Mail Address Above!</p> <p><u>Existing Clients:</u> Send the Auto Pay form directly to El Dorado Hills at</p> <ul style="list-style-type: none"> • Fax: 916-350-8545 • Mail: <div style="margin-left: 20px;"> Blue Shield of Ca PO BOX 629013 El Dorado Hills, CA 95762-9989 </div>
<p><u>Other Paperwork:</u> You might have to submit additional paperwork depending on your client's Guaranteed Acceptance Situation #. See the Guaranteed Acceptance Guide on www.blueshieldca.com/producer or call Producer Services to confirm. For example,</p> <ul style="list-style-type: none"> • If your client is within 6 months of getting Part B, they qualify for Guaranteed Acceptance #1. • Notice Regarding Replacement of Med Supp coverage (needed when replacing another Med Supp policy GA #2) • Proof of Prior Coverage (needed for GA #s 3-7 or 9-15) 	
Part D Prescription Drug Plans RX PLAN	Submit via
<p><u>New PDP Applications</u></p>	<ul style="list-style-type: none"> • Fax: 818-228-5123 • Mail: <div style="margin-left: 20px;"> Medicare Rx Plan Blue Shield of CA PO BOX 927 Woodland Hills CA 91365-9856 </div>
<p><u>Part D Medicare RX Automatic Payment EASY\$PAY Form</u></p>	<ul style="list-style-type: none"> • Fax: 818-228-5123 • Mail: <div style="margin-left: 20px;"> ATTN: Finance Dept Blue Shield Medicare RX 6300 Canoga Ave Woodland Hills, CA 91367-9520 </div>

