



BlueCross BlueShield
of Texas



TEXAS STAR
Your Health Plan ★ Your Choice

TEXAS STAR Kids
Your Health Plan ★ Your Choice



SPORTS/CAMP PHYSICAL REIMBURSEMENT

Blue Cross and Blue Shield of Texas (BCBSTX) will reimburse providers a maximum of **\$25.00** to perform the service for one (1) sports or camp physical per year per child enrolled in our STAR, CHIP or STAR Kids Program. If you have any questions regarding the Sports/Camp Reimbursement process, please contact a BCBSTX Member Advocate at **1-877-375-9097** today!

The completed form must be mailed to:

Blue Cross and Blue Shield Texas

Attn: Sports/Camp Physicals

P.O. BOX 201166

Austin, Texas 78720-9919

Provider Information

Provider Name: _____

Provider Tax Id Number: _____

Group NPI: _____ Individual

NPI: _____ Provider

Remit to address:

Street Address _____

City _____ State _____ Zip Code _____

Phone: _____

Email Address: _____

Total amount of reimbursement requested: \$25 X _____ = _____

Member Information

Member ID: _____

Member Name: _____

Member Address: _____

Date of Service: _____

Detailed Description: _____

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Member Address: _____
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