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**Please include this cover sheet when submitting itemized bills with charges greater than \$250,000 to the Payment Integrity department.**

## **Itemized Bill Cover Sheet**

Providers may submit itemized bills required by the Payment Integrity department to Blue Cross in the following ways:

**Fax: (225) 298-7675**

Email: [PIIBillReview@bcbsla.com](mailto:PIIBillReview@bcbsla.com)

Mail: Payment Integrity – BCBSLA  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

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**For Internal Use:**

Please deliver the enclosed documents with this cover sheet directly to Blue Cross' Payment Integrity department, Network Administration Division.

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### **CONFIDENTIALITY NOTICE**

The document(s) accompanying this cover sheet contain confidential health information that is legally privileged. This information is intended only for use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return of these documents.

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