

# Electronic Billing Exception Request Form



Group Name:

Group Number:

Authorized Group Contact:

BCBSLA Account Manager:

Type of Request:  Pay by Paper Check       Paper Invoice

Please provide a detailed explanation/extenuating business reason for the request:

Date of Request:

Broker or Consultant Name:

*Please send the completed request to [MarketingEnrollment@bcbsla.com](mailto:MarketingEnrollment@bcbsla.com)  
All exceptions will be reviewed by BCBSLA Management Team.*

For Internal Use Only			
<input type="checkbox"/> Approved	Date:	<input type="checkbox"/> Declined	Date:
<input type="checkbox"/> Indicator Removed	Date:		