



**BlueCrossBlueShield
of North Carolina**

An Independent Licensee of the
Blue Cross and Blue Shield Association

EXPLANATION OF PAYMENT

Provider Name:
Provider ID Number:

North Carolina
State Health Plan

Page: of

S09PPF, DC 05/01/06, Rev.

Warrant Number -

Warrant Date -

Total Amount This Warrant

North Carolina
State Health Plan

Claims Processing Contractor
Blue Cross and Blue Shield of N.C.
P.O. Box 30087
Durham, N.C. 27702

Claims Payment

Warrant no.

Present for payment
within six months


Month	Day	Year

Pay

to the order of

Payable at par
through Federal
Reserve System

\$



State Treasurer
Raleigh, N.C.