THE FACE OF THIS DOCUMENT IS PRINTED WITH A BLUE BACKGROUND ON WHITE PAPER – THE BACK CONTAINS AN ARTIFICIAL WATERMARK

blue of california

50 BEALE STREET • SAN FRANCISCO, 94105

"If the member is enrolled in a Blue Shield of California Life & Health Insurance Company Plan, this payment has been issued on behalf of Blue Shield of California Life & Health Insurance Company."

Bank of America
Commercial Disbursement Account
Northbrook, Illinois

7-2328
719

CHECK NO. 1046166

MEDICAL SERVICES
VOID 12 MONTHS FROM ISSUE DATE

PROVIDER / SUBSCRIBER NO.	MO.	DAY	YR.	PAY DOLLARS	CENTS
904088442	07	03	19	$ ****403	.17**

PAY TO THE ORDER OF

ALEXANDRA V STARR
PO BOX 3367
FREMONT CA 94539

AMOUNTS $100,000.00 AND OVER REQUIRE TWO SIGNATURES

⑈1046166⑈ ⑆071923284⑆ 87657⑈00579⑈

blue of california

50 BEALE STREET • SAN FRANCISCO, 94105

DEBIT HEALTH INSURANCE

CHECK NUMBER
1046166

Provider Number:
Subscriber Number: 904088442
Patient Name:
Date(s) of Service:
Group Number:
Med Supp Premium Refund (Plan ID: SA000011)

ALEXANDRA V STARR
PO BOX 3367
FREMONT CA 94539