



<div>Anthem. BlueCross BlueShield</div> <div></div>		CLASSIC COMPLETE KY-2AE
MISTY TINDALL		
Member ID: 173M97897		
Group No	T27912	
Contract Code	25H0	
Dental Program: Complete		

<div>Anthem. BlueCross BlueShield</div> <div></div>	<div>anthem.com</div> <div>Dental/GRID Services (855) 769-1464</div>
<p>MEMBERS: When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment. If a provider does not submit a claim on your behalf, please submit your claim to the address below.</p>	
<p>File dental claims to: P.O. Box 1115 Minneapolis, MN 55440-1115</p>	<p>Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.</p>
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