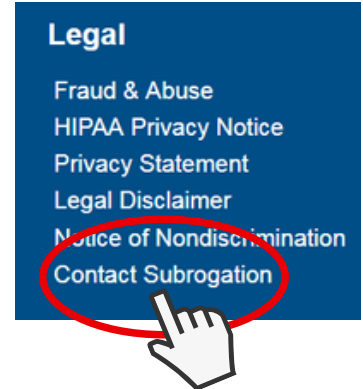


Using Our Subrogation Touchpoint

It's here. You can now request and upload information online.

1. Go to AlabamaBlue.com.
2. Click the "**Contact Subrogation**" link at the bottom of the page under Legal.
3. Complete the Subrogation Touchpoint and click **SUBMIT**.
4. Receive a confirmation page for your records showing the date of your inquiry. Your submission goes straight in our workflow, no fuss, no delay.



Helpful Hints

- You must have an existing case to use the Touchpoint. Call us if you are setting up a new case.
- The case number, contract number, and date of the accident must match our records to submit. Make sure you are using the correct contract number.
- You can also use this for Workers' Compensation cases!
- HIPAA issues? Download our helpful checklist to make sure your authorization is compliant before uploading.
- Don't forget to print your confirmation page. If you see this page, then we successfully received your request or upload. *No need to call and check!*
- Check our FAQ section for more helpful hints.

Subrogation Touchpoint

Are you reporting a new case?
If so, please call ☎ 205-220-7725

To submit an inquiry about an existing case:

- [FAQ](#)
- [HIPAA Checklist](#)
- [Download HIPAA Authorization Form](#)

Case Number:*

Member Name:*

Contract Number:* (As it appears on the member's Blue Cross ID Card)

Date of the Accident:*

Case Type:

Subrogation

Workers' Compensation

Not sure

Request(s):

Current Itemization

Settlement Request

Summary Plan Description

Other or Additional Request

Upload Documents: ADD A FILE

You can upload up to 3 files with a maximum file size of 5MB for each file. Acceptable formats are .pdf, .jpg, .jpeg, .png, .gif, .bmp, .tif, .txt, .doc, .docx, .xls and .xlsx

Submitting Party Information

Attorney

Insurance Company

Other

<input type="text"/>	<input type="text" value="1/24/2018"/>
Full Name* (Required)	Date Submitted*
<input type="text" value="000-000-0000"/>	<input type="text"/>
Phone Number* (Required)	Company or Firm Name
<input type="text" value="000-000-0000"/>	
Fax Number	

*Indicates Required Field

CANCEL
SUBMIT



**BlueCross BlueShield
of Alabama**

We cover what matters.