



Special Risk Pool Claims Submission Form B

Date:

To: PPG Reinsurance Claims Unit
21281 Burbank Blvd. LNR C-3
Woodland Hills, CA 91367

RE: Special Risk Pool

Enclosed are claims for patients that have already met the Special Risk Pool Criteria. These claims have already been paid by _____.
Medical Group Name

Subscriber ID Number

Member Code

If you have any questions regarding this matter, please do not hesitate to contact me at _____.
Phone Number

PPG Representative

Job Title