



BlueCross BlueShield
of North Carolina

Claims Payment

66-156-
531

Check No. [REDACTED]



Void after six Months

Month	Day	Year
12	15	15

Post Office Box 2291
Durham, North Carolina 27702-2291

EIGHT HUNDRED FORTY-FIVE DOLLARS AND SEVENTY-SEVEN CENTS

\$845.77

PAY
TO
THE
ORDER
OF



Treasurer, Blue Cross and Blue Shield of North Carolina
*An Independent Licensee of the Blue Cross and Blue Shield Association

Wells Fargo Bank, N.A.



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