



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.



CONFIDENTIAL

SDNY_GM_00036888

EFTA_00147501

EFTA01281880

1
K-50 Special Only

DO NOT WRITE STAMPS OR SIGN RECEIPT THIS LINE
RESERVED FOR SERVICE CONDITIONS USE

Original Document

A The following security features (and others not listed) exceed industry standards:
Security Features
- Document appearance is identical to original
- Absence of marks, smudges or "Original Document" screen on back of sheet
- Absence of any words or other data appearing on reverse side
Microprint Signature Line
- Absence of product text
Product text
- Presence of product text
© Product design & production are of United States Patent & Trademark Office

CONFIDENTIAL

SDNY_GM_00036889

EFTA_00147502

EFTA01281881