



**Producer of Record Transfer Form  
Current or Future Effective Date Only**

Effective \_\_\_\_\_ (MM/DD/YYYY), I appoint Mary Ladmirault  
as my producer of record. As my producer of record and as a business associate of  
Blue Cross and Blue Shield of Texas, my producer of record will have access to my  
Protected Health Information (PHI) related to insurance support functions, such as  
membership maintenance information, plan benefit information and transactions, new  
product information, and enrollment and disenrollment information.

I am aware that the above producer's access to my PHI maintained by Blue Cross and  
Blue Shield of Texas excludes access to other types of information, including claim and  
/ or medical information. A separate HIPAA – compliant written authorization form is  
required to provide other types of information, including claims or medical information to  
producers of record.

Policyholder's Signature: \_\_\_\_\_

Policyholder's Printed Name: \_\_\_\_\_

Policy ID Numbers: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Producer Name: Mary Ladmirault

Producer ID Number: 12269

**All fields are required. Your request cannot be considered if the form is incomplete.**

Please e-mail, fax, or mail this form to:

**Health Care Service Corporation**  
**c/o: Producer Service Center**  
**Email: [Producer\\_Service\\_Center@hcsc.net](mailto:Producer_Service_Center@hcsc.net)**  
**Fax: (918) 549-3039**

**Mailing Address:**  
**1020 West 31<sup>st</sup> Street**  
**Downers Grove, Illinois 60515**

**Retroactive transfer dates will not be accepted. HCSC reserves the right to limit transfers.**

CONSUMER MARKETS