Individual Request to Correct or Amend a Record Maintained by BlueAdvantage Administrators of Arkansas

	Date
Member Name	
Address	
Member Identification Number	
Employer's Group Health Pl	ators of Arkansas, a third-party claims administrator for my lan, amend the protected health information of (name of the member) in its designated record set within the ligh
Specific Amendment Request	
Specific Reason for Amendment Re	equest
Specific Reason for Amendment Re	equest
I understand that if the protecte Administrators, then they are not requ to amend is a medical report created Administrators – to amend the report.	d health information was not created by BlueAdvantage sired to honor my request. For example, if the information I wish by my physician, I must ask the physician – not BlueAdvantage I also understand that if the information is not available for my
I understand that if the protected Administrators, then they are not required to amend is a medical report created Administrators – to amend the report inspection, is not part of the plan's deamend the information.	