

**Please return via fax or mail to:
Regence BlueCross BlueShield of Oregon
Jan Knauer, PO Box 12625 MS S5J, Salem, OR 97309-0625**

TO: Jan Knauer	FROM:
FAX: 503-587-3360	PROVIDER NAME:
PHONE: 503-375-4473	PHONE:
RE: Improvement Suggestion Form	PAGES SENT:

➤ *Describe the solution or improvement idea and how it will improve the process:*

➤ *How does this process impact physicians or other health-care providers?*

➤ *Would this improvement benefit patients?* *Yes* *No*
Describe:

