



## Additional Information Form

Additional Information requested may be submitted with the letter received or this form.  
DO NOT USE THIS FORM UNLESS YOU HAVE RECEIVED A REQUEST FOR INFORMATION.

Original Claims should not be submitted with this form.

Submit only one form per patient.

**\*\*\*Inquiries received without the required information below may not be reviewed.\*\*\***

<b>Claim Number:</b>			<b>(For multiple claims provide additional claim number below)</b>
Group Number:	Prefix (3 character alpha):	Member Identification Number:	
Patient Name: (Last, First)			
Date(s) of Service:		Total Billed Amount:	
Provider Name:		NPI:	
Contact Person:		Phone Number:	

Additional Information requested:

### REMINDERS

**Mail inquiries to:** Blue Cross and Blue Shield of New Mexico  
P.O. Box 27630  
Albuquerque, NM 87125-7630

- **Claim Review requests** – If you did not receive a letter requesting additional information but are requesting a review of a previously adjudicated claim, use the Claim Review Form located at [bcbsnm.com/provider](http://bcbsnm.com/provider).
- **Corrected Claim requests** should be submitted as electronic replacement claims, or on a paper claim form along with a Corrected Claim Review Form available on our website at [bcbsnm.com/provider](http://bcbsnm.com/provider).

**To view Claim Status online utilize the Claim Research Tool (CRT) on the Availity™ Web Portal at [availity.com](http://availity.com).**

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