

LEVEL ONE PROVIDER
APPEAL FORM FOR BLUE MEDICARE
HMOSM AND BLUE MEDICARE PPOSM

Section I: Patient Information

Alpha Prefix (Copy from the member's BCBSNC identification card)

Patient Date of Birth

-

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Subscriber Number (Copy from the member's BCBSNC identification card)

Patient Name (First, middle initial, last)

Section II: Physician Information

Requesting Physician (Print first, last name)

Requesting Physicians Signature (Signature & date)

Fax

-

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Phone

-

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Physician NPI Number

Physician Mailing Address (Street or P.O. Box, City, State & Zip Code)

Section III: Appeal Information

Date of Service

-

-

Date of Notification of Payment

-

-

CPT Codes

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Diagnosis Codes

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Claim Identification Number

APPEAL REASON (select one reason only)

MEDICAL NECESSITY:

☐ Cosmetic

☐ Experimental/ Investigational

☐ No authorization for inpatient admission

☐ Not Medically Necessary

BILLING/CODING:

☐ Coding/ Bundling or Fee Denials

☐ Global Period Denial

☐ Re-bundling

☐ Services Not Eligible for Separate Reimbursement

OTHER:

☐Financial Recovery

☐ Non-Contracting Provider Payment Disputes

FAX NUMBER FOR POST SERVICE APPEALS – (919) 287-8815

Note: All other requests should be submitted using the **Provider Inquiry Form** in the Blue Medicare HMOSM and Blue Medicare PPOSM Provider Manual.

Comments (If additional space is needed, please use the back of this form)

☐ Records Attached

This form is intended for use only when requesting a review for post service appeal requests for Medicare Advantage membership. Completed forms accompanied by any supporting documentation should be sent to: **Provider Appeals Unit, Blue Medicare HMOSM and Blue Medicare PPOSM, P.O. Box 17509, Winston-Salem, NC 27116-7509 or Fax: (919)287-8815.**

Please refer to the Blue Medicare HMOSM and Blue Medicare PPOSM provider manual located on the BCBSNC Web site for providers at www.bcbsnc.com/content/providers/blue-medicare-providers/resources-and-forms/index.htm or contact your local Network Management field office for assistance with the claims inquiry process.