



## REQUEST FOR APPEAL / EXTERNAL REVIEW

1) Are you submitting a request for appeal or an external review?

- Appeal (Appeals must be submitted within 180 days of your receipt of the claim decision.)
- External Review (External review requests must be submitted within four (4) months of your receipt of Highmark Blue Cross Blue Shield Delaware's appeal decision)

2) Subscriber's name: \_\_\_\_\_

3) Subscriber's Highmark Blue Cross Blue Shield Delaware (Highmark DE) ID number: \_\_\_\_\_

4) Subscriber's address: \_\_\_\_\_

5) Subscriber's daytime phone number: ( ) \_\_\_\_\_

6) Patient's name: \_\_\_\_\_

7) Provider(s) of service (doctors, labs, hospitals): \_\_\_\_\_

8) Claim number (if known): \_\_\_\_\_

9) Date(s) of service: \_\_\_\_\_

10) **Reason for appeal/external review.** If possible, please attach copies of any paperwork, medical records and additional information related to this claim. \_\_\_\_\_

Please sign your name: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this form. Please submit this request by facsimile at 1-877-710-1513 or to the mailing address listed below. If you have any questions, please contact Highmark DE Customer Service using the information provided below.

### Highmark DE Customer Service Contact Information

Phone: **800-633-2563**

Mail (*for member appeals only*): Highmark Blue Cross Blue Shield Delaware, P.O. Box 8832, Wilmington, DE 19899-8832

Online Customer Self-Service: **highmarkbcbsde.com**