HIGHMARK® Delaware

FOR BLUECARD CLAIMS ONLY

BlueCard® Claims — Provider Post-Service Appeal Form

INSTRUCTIONS:

1. Please see the reverse side for instructions on completing this form.
2. Please **PRINT** all requested information (except signature).
3. Please enclose any and all supporting documentation with this form.
4. Please retain a copy of this completed form and documentation for your records.

PROVIDER NAME		PROVIDER NPI
PROVIDER ADDRESS - STREET		
CITY	STATE	ZIP CODE + 4

SUBSCRIBER PREFIX/IDN	PATIENT'S NAME
DATE(s) OF SERVICE	TOTAL CHARGES
CLAIM NUMBER	DATE OF VOUCHER

Requests for appeal must be submitted within 90 days of claim determination based on voucher date.

Reason for appeal *(please check one)*: ❑ Administrative ❑ Medical

Please provide any additional details regarding your reason(s) for appeal:

Supporting documentation included *(please check one)*: ❑ Yes ❑ No

If "Yes", please indicate below:

- ❑ Operative Report
- ❑ Labs, Pathology, X-Rays, Machine Tests
- ❑ Office Notes
- ❑ Authorization
- ❑ Letter of Medical Necessity
- ❑ Progress Notes
- ❑ Proof of Timely Filing
- ❑ Other: _____

Submitted By *(please print name)*:	**Contact Phone:**
Signature:	**Date:**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a claim containing any false, incomplete or misleading information may be guilty of a felony.

Return completed form by fax to:

302.421.3349

You may also mail the form to:

BlueCard Host Provider Service Department 1-6-37
Highmark Blue Cross Blue Shield Delaware
P.O. Box 1991
Wilmington, DE 19899-1991

Highmark Blue Cross Blue Shield Delaware will notify you of the appeal determination no later than 60 days from receipt of this form.

INSTRUCTIONS FOR COMPLETING THE PROVIDER POST-SERVICE APPEAL FORM

As a Highmark Blue Cross Blue Shield Delaware (Highmark DE) participating provider, you have the right to a fair review of all claims decisions as part of our appeal process. When appealing a decision, you have **90 days following a claims decision to request an appeal.** In addition, please note the following:

- Any appeals received after the 90-day timeframe will be considered untimely and ineligible for appeal.
- Highmark DE extends one level of internal appeal as part of our appeal process.
- Providers should submit any and all pertinent information and documentation with the appeal form to ensure its consideration during the appeal process.
- Highmark DE's review will include all documents, clinical records (if any), and comments, including, but not limited to, the patient's eligibility and benefits, applicable policies, provider contracts, and any other relevant details.
- Appeals will be decided in a timely manner. Highmark DE will notify providers, in writing, of the resolution within 60 days of receiving the appeal request. Please note that appeal decision timeframes begin upon Highmark DE's receipt of the appeal request.

This process applies to Highmark DE participating providers only. Out-of-state providers who do not participate with Highmark DE must contact their local Blue Cross and Blue Shield Plans.

Do not use this form for the following:

- Appeals on behalf of the member
- Claims inquiries
- Non-participating providers
- Pre-service appeals
- Submission of corrected claims
- Submission of medical records requested by Highmark DE
- Submission of other carrier information

Use of the post-service appeal process for other purposes, such as those listed above, will exhaust the one level of internal appeal available through Highmark DE.