BlueCross BlueShield of Delaware

Print Form

PROVIDER WRITTEN INQUIRY FORM

- Do not use for new claim submissions.
- All fields on form must be completed for processing. Incomplete forms will be returned.
- Limit inquiries to four (4) per patient.

PLEASE RETURN INQUIRIES TO: Blue Cross Blue Shield of Delaware
P.O. Box 8814
Wilmington, DE 19899-8814
Attention: Provider Inquiry Unit 1-6-37

1. Date of Inquiry (mm/dd/yy):

2. Provider ID Number:

3. Line of Business (check one):
❑ Local ❑ BlueCard® ❑ NASCO ❑ Dental ❑ FEP

4. Provider's Name, Address and Phone Number:

5. Patient's Name (last, first, middle initial):

6. Subscriber's Name (last, first, middle initial):

7. Subscriber's Identification Number (IDN), including all alpha characters

8. Subscriber's Group Number:

9.	**Date Claim Submitted**	**Claim Number**	**Date of Service**	**Authorization/ Referral Number**	**Total Charge**	**Amount Due**	**Inquiry Reason** (codes below)	**Details on Inquiry** (additional space below)
9a.								
9b.								
9c.								
9d.								

Reason Codes For Inquiry:

A. Questioning allowance (details required)
B. Questioning denial (details required)
C. Requesting credit (details required)
D. Other (details required)

Additional detail space for items **9a.** thru **9d.**:

• **PLEASE ALLOW 45 DAYS FOR INQUIRY PROCESSING** •

RESPONSE TO INQUIRY (To be completed by BCBSD.)

Claim Number: _____

a. ❑ was denied on _____/_____/_____ ; reason code _____ .

b. ❑ Payment/adjustment dated _____/_____/_____ , in the amount of $ _____ ; check number _____ .

c. ❑ Payment was made to the subscriber on _____/_____/_____ .

d. ❑ Payment/adjustment made to sub. _____/_____/_____ , in the amount of $ _____ and applied to the deductible.

e. ❑ We are unable to locate this DOS. Please resubmit claim to: Claims Dept., Box 8830, Wilmington, DE 19899-8830.

f. ❑ Maximum allowance for this procedure has been paid.

g. ❑ An adjustment of $ _____ was processed for this date of service: _____/_____/_____ .

h. ❑ Denial upheld. Reason: _____ .

i. ❑ Unable to locate membership under subscriber's IDN as listed above. Please resubmit inquiry with correct IDN.

j. ❑ Other:

BCBSD Completed By:

Date: