



Provider Post-Service Appeal Form

- 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.

Note: This form is to be used by participating providers to appeal services rendered to patients with Blue Cross Blue Shield of Delaware (BCBSD) member identification (ID) cards.

Provider Name: _____

Provider NPI: _____

Provider Address: _____

P.O. Box or 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 circle one): Administrative Medical

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

Four horizontal lines for providing additional details regarding the reason for appeal.

Supporting documentation included (please circle one): Yes No

If "Yes", please indicate below:

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

Submitted By: _____ Contact Phone: _____
Please Print Name

Signature: _____ Date: _____

Return completed form to: Blue Cross Blue Shield of Delaware
P.O. Box 8402
Wilmington, DE 19899-8402

BCBSD 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 Blue Cross Blue Shield of Delaware (BCBSD) 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.
- BCBSD 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.
- BCBSD's review will include all documents, clinical records (if any), and comments, including, but not limited to, the patient's eligibility and benefits, BCBSD policies, provider contracts, and any other relevant details.
- Appeals will be decided in a timely manner. BCBSD will notify providers, in writing, of the resolution within 60 days of receiving the appeal request. Please note that appeal decision timeframes begin upon BCBSD's receipt of the appeal request.

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

Do not use this form for the following:

- Appeals on behalf of the member
- BlueCard® claims
- Claims inquiries
- Non-participating providers
- Pre-service appeals
- Submission of corrected claims
- Submission of medical records requested by BCBSD
- 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 BCBSD.

Options Available After the BCBSD Appeal Process

If the patient is covered under a health benefits plan that is regulated by Delaware insurance law, and you are a provider, as defined by 18 Del. C. §333(a) (1), you have the right to seek external review of our final decision regarding the amount of your reimbursement.

The Delaware Department of Insurance (DOI) provides claims arbitration services that are in addition to, but do not replace, any other legal or equitable right you may have to review this decision or any right of review based on your contract with us. You can contact the DOI for information about arbitration by calling the Arbitration Secretary at 302.674.7322. You may also visit the DOI at The Rodney Building, 841 Silver Lake Blvd., Dover, DE 19904 between the hours of 8:30 AM and 4:00 PM to personally discuss the arbitration process. All requests for arbitration must be filed within 60 days from the date on which you receive this notice; otherwise, the BCBSD appeal decision will be final.