



Request for Appeal – Denial of Individual Coverage

You must appeal within 180 days from the date you received your denial. Appeals submitted after that date will not be considered. Blue Cross Blue Shield of Delaware (BCBSD) may request updated information if your appeal is under review 90 days or more after the original denial date. We will notify you if updated information is required.

1) Name of person who has been denied individual coverage (applicant):

2) Applicant’s address:

3) Applicant’s daytime phone number: () _____

4) Please provide a copy of the denial letter you received.

5) Indicate which of the denial reason(s) you are appealing:

6) Please provide medical documentation, if possible, from your treating physician regarding the denial reason(s) you are appealing.

7) Please provide any additional information that would be useful in evaluating this appeal. You may attach documentation to this appeal form.

Please Sign and Date Below

Please sign your name: _____ Date: _____

Please print your name: _____ Date: _____

Thank you for completing this form. Please submit the appeal request to the mailing address listed below. We will review your appeal and notify you of the outcome within 60 days. If you have any questions, please contact BCBSD Customer Service using the information provided below.

BCBSD Customer Service Contact Information

Phone: 302.429.0260 (northern Delaware)
800.633.2563 (all other locations)

Mail (for appeals only): BCBSD, P.O. Box 8832, Wilmington, DE 19899-8832