Claims Dispute Form

Complete this form to dispute a claim. This form must be included with your request to ensure that it is routed to the appropriate area of the company, thus avoiding delays in our review process. It is important to return the proper information (based on your reason for review) and that it is sent to the appropriate mailing address.

Please submit only one form per patient, per dispute.

PROVIDER INFORMATION		
TYPE OF PROVIDER: ☐ Professional ☐ Facility ☐ Other:		
Provider Name		
National Provider Identifier (NPI)	Provider Tax ID	
Name of Person Completing Form		
Contact Email Address	Contact Phone Number	
PATIENT INFORMATION		
Member ID	Policyholder Name	
Patient Name	Patient Date of Birth	
Claim Number	Date(s) of Service	Amount Charged

GUIDE FOR SUBMITTING SUPPORTING DOCUMENTATION			
SURGERY, ASSISTANT SURGERY OR ANESTHESIA	DOCTOR'S HOSPITAL VISITS	DOCTOR'S OFFICE/CLINIC VISITS	OTHER SERVICE X-RAYS, LAB, PHYSICAL THERAPY
1. Operative Report 2. Anesthesia Report 3. Pre-Op History and Physical 4. Asst. Surgeon Credential (If not M.D.)	1. Discharge Summary 2. Hospital Progress Notes 3. History and Physical Notes 4. Pathology Report	1. Office Notes Pertaining to Date of Service 2. History and Physical Notes	1. Physical Therapy Notes and Radiology/Lab Report

Page 2 of this form contains the list of reasons for your claims dispute. Please check only one reason per form. In order for us to review your claim dispute, we must receive the entire form.

A printable PDF of this form is available online at www.BCBSLA.com/providers, then click on Resources >Forms.

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Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

PLEASE REVIEW MY CLAIM FOR THE FOLLOWING REASON

(Check only one reason per form)

	REASON FOR REVIEW	MUST INCLUDE	TIME TO ALLOW FROM DATE SUBMITTED	WHERE TO SEND
☐	Claim rejected as duplicate	• Supporting medical documentation	30 days	HARDCOPY: BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9029
☐	Claim denied for bundling	• Reason why current bundling logic is incorrect • Supporting medical documentation	14 days	
☐	Claim denied for medical records	• Copy of our letter of request for medical records • Supporting medical documentation	30 days	HARDCOPY: BCBSLA Medical Records P.O. Box 98031 Baton Rouge, LA 70898-9031
☐	Claim denied as investigational or not medically necessary	• Formal letter of appeal including reason • Supporting medical documentation	30 days	HARDCOPY: BCBSLA Medical Appeals P.O. Box 98022 Baton Rouge, LA 70898-9022
☐	Claim payment/denial affects the provider's reimbursement • Timely filing • Reimbursement • Authorization penalty • Other	• Formal letter of dispute including reason • Supporting medical documentation • Proof of timely filing (only if denied for timely filing)	60 days	HARDCOPY: BCBSLA Provider Disputes P.O. Box 98021 Baton Rouge, LA 70898-9021
☐	Claim payment affects the member's cost share *(deductible, coinsurance, copayment)*	• Formal letter of appeal including reason along with signed authorization from the member • Supporting medical documentation	30 days	HARDCOPY: BCBSLA Appeals and Grievances P.O. Box 98045 Baton Rouge, LA 70898-9045
☐	Claim denied for a BlueCard® member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	• Formal letter of appeal including reason • Supporting medical documentation	20 days	HARDCOPY: BCBSLA P.O. Box 98029 Baton Rouge, LA 70898-9045 or FAX: 225-297-2727