BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Provider Post-Service

Utilization Management Appeal Form

Post Office Box 10408 • Birmingham, AL 35202-0408 • Fax 205 220-9562

Section I: Patient Information

Alpha Prefix	Contract Number (Copy from the member's identification card)	Patient Date of Birth (mm/dd/yyyy)
		- -

Patient Name

First Name	Middle Inital	Last Name

Section II: Provider Information

Requesting Provider	Requesting Provider's Signature
Name	Signature

Fax	Telephone
- -	- -

BCBSAL Provider Number	Provider's National Provider Identifier (NPI)
-	

Provider Mailing Address & Office Contact Person

Street Address or P.O. Box

City	State	Zip	Office Contact Person

Section III: Appeal Information

Date of Service (mm/dd/yyyy) - -

Procedure Code 1 -	Diagnosis Code 1 .
Procedure Code 2 -	**Diagnosis Code 2** .

Claim Identification Number

Blue Cross and Blue Shield of Alabama action prompted this appeal. (Please check one)

ADMINISTRATIVE RECONSIDERATION

☐ PT ☐ Inpatient Hospital ☐ OT ☐ Outpatient ☐ ST ☐ DME ☐ Chiropractor ☐ Inpatient Rehab
☐ Behavioral Health ☐ Home Health

Comments

☐ Medical Record attached

Clear Form