



Professional Reimbursement Appeal Form

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

Section I: Patient Information

Prefix

Grid for Prefix

Contract Number (Copy from the member's identification card)

Grid for Contract Number

Patient Date of Birth (mm/dd/yyyy)

Grid for Patient Date of Birth

Patient Name

First Name

Middle Initial

Last Name

Section II: Provider Information

Requesting Provider

Name

Requesting Provider's Signature

Signature

Fax

Grid for Fax

Telephone

Grid for Telephone

BCBSAL Provider Number

Grid for BCBSAL Provider Number

Provider's National Provider Identifier (NPI)

Grid for 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)

Grid for Date of Service

Procedure Code 1

Grid for Procedure Code 1

Diagnosis Code 1

Grid for Diagnosis Code 1

Procedure Code 2

Grid for Procedure Code 2

Diagnosis Code 2

Grid for Diagnosis Code 2

Claim Identification Number

Grid for Claim Identification Number

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

- ADMINISTRATIVE RECONSIDERATION
[ ] Global Period Appeal
[ ] Fragmented Coding/Bundling
[ ] Assistant Surgeon
[ ] Modifier Review
[ ] 22
[ ] 25
[ ] 57
[ ] 59

Comments

[ ] Medical Record attached