



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Provider Post-Service

Utilization Management Appeal

Birmingham Service Center
Post Office Box 10527 • Birmingham, AL 35201-0500
Fax 1-888-321-1855

Section I: Patient Information

Contract Number (Copy from the member's identification card)	Patient Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Patient Name		
First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section II: Provider Information

Requesting Provider	Requesting Provider's Signature
Name	Signature
<input type="text"/>	<input type="text"/>

Fax	<input type="text"/>	Telephone	<input type="text"/>
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Provider NPI	<input type="text"/>	Provider's National Provider Identifier (NPI)	<input type="text"/>
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Provider Mailing Address & Office Contact Person

Street Address or P.O. Box			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	Office Contact Person
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section III: Appeal Information

Date of Service	<input type="text"/>
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Procedure Code 1	<input type="text"/>	Diagnosis Code 1	<input type="text"/>
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Procedure Code 2	<input type="text"/>	Diagnosis Code 2	<input type="text"/>
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Claim Identification Number	<input type="text"/>
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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
 Home Health

Comments
<input type="text"/>

Medical Record attached