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 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) M M - D D - Y Y Y Y

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 M M - D D - Y Y Y Y

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