



MEDICARE

**Medicare Advantage Provider Appeal Form
NOT to be used for Federal Employee Program (FEP) or Commercial**

This form is intended for use only when requesting a review of a post service claim denied for one of the following three reasons: (1) coding/bundling denials, (2) services not considered medically necessary, (3) inpatient administrative denials, or (4) Non-Contracted Provider Payment Disputes. Provider Appeals should be accompanied by any supporting documentation. Please complete the form in its entirety.

If you are acting on the member's behalf and have a signed Blue Cross NC appeal authorization from the member or if you are appealing a pre-authorization denial and the services have yet to be rendered, **DO NOT USE THIS FORM.**

Today's Date	Member ID Number	Member Group Number (Optional)
Member First Name	Member Last Name	Member Date of Birth
Provider Name		Provider Number/NPI
Provider Group Name (Optional)		Office Contact Name
Contact Mailing Address	Contact Phone Number	Contact Fax Number

To help Blue Cross NC review and respond to your request, please provide the following information below. (This information may be found on prior correspondence you received from Blue Cross NC.) You may use this form to appeal multiple dates of service for the same member.

Claim Number(s)	Date(s) of Service(s)
Inpatient Admission/CPT/HCPCS Code of Service Being Disputed	
Explanation of Your Request (Please use additional pages if necessary)	

Please fax your request with all supporting documentation and medical records to:
919-287-8815

If documentation needs to be sent to Blue Cross NC by mail, please send to:
Medicare Provider Appeal Department, P.O. Box 1291, Durham, NC 27702-1291