



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the
Blue Cross and Blue Shield Association.
www.bcbsvt.com

BlueCard Provider Claim Appeal Form

This form is used to appeal a confirmed denial of benefits. Do not use this form to request status or review of a processed claim. To request review of a claim, please use the Provider Inquiry Form.

PROVIDER INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ NPI: _____

Please indicate type of appeal attached:

- Appealing benefit determination on behalf of member ***
Attach a copy of the claim with supporting documentation
- Appeal of a pre-service denial of benefits (specify requested benefit):**

CLAIM INFORMATION

Patient Name	Member ID Number	Date(s) of Service

MEMBER'S SIGNATURE

*You may submit your appeal without the member's signature. Please note some Blue Plans may not accept an appeal without the member's signature. If the Blue Plan does not accept the appeal, we will return your appeal with a request for the member's signature. Some Blue Plans may also require the member to sign an additional form, specific to their Plan, before starting the appeal process.

Signature: _____
Member's Signature (or Legal Guardian if applicable)

Date: _____

Print Name of Member (or Legal Guardian if applicable)

RETAIN A COPY FOR YOUR RECORDS

Send completed form with supporting documentation to:

Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601
Fax (802) 225-7698

You will be notified of the outcome of your appeal. Please allow 30 days. To check the status of an appeal after 30 days, call Blue Cross and Blue Shield of Vermont at (800) 395-3389.