Blue Cross Blue Shield of Rhode Island
500 Exchange Street, Providence, RI 02903-2699
(401) 459-1000 www.bcbsri.com

Physician/Provider Appeal Request Form

THIS FORM DOES NOT APPLY when submitting a **corrected claim / claim adjustment**, such as:

- Other carrier EOB within 180 days of retraction
- Corrected claim within 180 days of denial disposition
- Corrected claim within 18 months of paid dispositions (Commercial only)
- Claim not on file

For instances above, please utilize the Claim Adjustment Request Form

Use one form per member to request an appeal of a denial

Member Name:_____ Provider Name: _____
Member ID#: _____ Group Name: _____
Date of Service: _____ National Provider Identifier (NPI): _____
Claim Number: _____ Phone: (_____) _____
Office Contact Person: _____

Is this a Workers' Compensation Claim? ☐ Yes ☐ No

Is this a FEP Claim (Member ID Number begins with single letter 'R')? ☐ Yes ☐ No

Please check one; Reason for Appeal:

☐Timely Filing (claim not filed within TF guidelines)
☐ Service not in Provider's Contract **or** not within 180 days after another payer's settlement*
☐ Pre-Auth was denied during Initial Review
☐ Administrative Claim Denial **(Claims Edits)**
☐ Investigational/Experimental/Not Medically Necessary Denial
☐ Provider not authorized for the service
☐ Other: _____

Notes:
*Do not highlight line items on settlements. Use asterisks to identify relevant line items on your settlements. To comply with HIPAA, all other non-pertinent PHI on attached settlements must be blacked out. Use one appeal form per member.

Additional Comments: _____

Submit Appeals to:
Attn: Grievance & Appeals Unit
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2699

11/19