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

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

Reason for Appeal:

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

☐ 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.

DO NOT use this form when submitting a corrected claim / claim adjustment:

- If another carrier retracts payment from you and you file your claim within 180 days of that retraction along with a copy of the settlement showing the retraction.
- If your claim date of service is greater than 180 days aged but within 180 days of the date of disposition unless your provider contract states otherwise.
- If you file your clean claim within timely filing guidelines and your claim pays you have 18 months in accordance with the Post Payment Mandate to request an adjustment unless your provider contract states otherwise.

Additional Comments: _____

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