

1 INSTRUCTIONS

Submit this form within six months of the date your claim was processed or the adverse benefit determination (denial) was made.	Email Submit via your secure member account at myNebraskaBlue.com under the <i>Contact Us</i> tab	: : : or : : :	Mail to Appeals Department BCBSNE P.O. Box 3248 Omaha, NE 68180-0001	: : : or : : :	Fax to 402-548-4684 or 888-492-4944
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2 DETAILS

Requester Name: _____ Requester Phone: _____

Relationship to Patient: Self Provider Authorized Rep Other: _____

Member Name: _____ Member ID Number: _____

Patient Name: _____ Provider/Facility: _____

Date of Service: _____ BCBSNE Claim Number: _____

Denial Reason:

- | | | | |
|----------------------------|------------------------------|---------------------------------------|---|
| Not Medically Necessary | Contractual Exclusion/Limits | Claim/Payment Issue | No Preauthorization/
Precertification Obtained |
| Investigative/Experimental | Cosmetic | Other (explain in
Summary section) | |

Type of Review (description below): Standard Expedited

Standard Review: May involve prospective/pre-service, concurrent care and admission/observation where the service has already been rendered or there are claims involved. The appeal must be requested in writing.

Expedited Review: Pertains to a claim involving immediate care. An internal appeal should be handled on an expedited basis if a delay would jeopardize the life or health of the patient, would jeopardize the patient's ability to regain maximum function or, in the opinion of a physician with knowledge of the claimant's medical condition, would subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim. If definition for expedited review is not met, the appeal may be completed at the standard level appeal. The appeal may be requested in writing or by calling the Appeals Department at 402-982-8314 or 877-448-3339.

