BlueCross BlueShield Nebraska

Appeal Request

Form must be complete, or it will not be processed

Member's Name: _____ Patient's Name: _____

Member's ID Number: _____ Relationship: _____

BCBSNE Claim Number: _____ Date(s) of Service: _____

Provider Name: _____ Location of Services _____

Individual NPI: _____ Clinic Tax ID or NPI: _____

Contact Name: _____ Address: _____

Phone Number: _____ Fax Number: _____

Appeal: A request to Blue Cross and Blue Shield of Nebraska when provider or member disagrees with a **denied** claim/service, whether it is for preauthorization, medical necessity or another reason as described below based on the information presented.

If a claim has been *returned* a new claim must be submitted and *this form is not applicable*. If the denial is not listed below, the request may be considered a reconsideration and not an appeal; visit https://www.nebraskablue.com/providers to locate the *reconsideration form*.

Reason for Appeal (mark applicable box):

- ☐ Denied Not Medically Necessary (attached)
- ☐ Denied Experimental/Investigative (attached)
- ☐ Medical Records Not Received (attached)
- ☐ Denied No Preauthorization Obtained
- ☐ Contract Exclusion/Duplicate Service
- ☐ Other - describe details in comment section below

Comments:

Please include any written comments, office notes, operative reports, or other relevant information for Blue Cross and Blue Shield of Nebraska to consider during their review. A written request for an appeal can be faxed to 402-548-4684 or 888-492-4944; or it can be mailed to: Appeals Department, Blue Cross and Blue Shield of Nebraska, PO Box 3248, Omaha NE 68180-0001. For questions, please follow the process to check claim status on Nebraskablue.com/providers.