



**Provider BlueCard Claim Appeal Form**  
*\*Required field*

*Today's Date (MM/DD/YY):	
<b>PROVIDER INFORMATION</b>	
*Provider Name	*Contact Name
*NPI	*Contact Phone Number
Contact Email	Contact Fax Number
*Contact Address	
<b>MEMBER/CLAIM INFORMATION</b>	
*Member Name	*Claim Number
*Member ID (including prefix)	*Denial Code(s)
*Date(s) of Service (MM/DD/YY)	
<b>TYPE OF APPEAL*</b>	
<b>Check one of the following reasons for denial or claimed underpayment.</b> <b>Attach all supporting documentation, including any necessary member authorization.</b>	
<b>Contract Term(s):</b> Original claim was not paid or processed in accordance with contract terms.	
<b>Coordination of Benefits (COB):</b> Original claim denied or closed pending receipt of additional information from another insurer or other reason related to COB.	
<b>Corrected Claim:</b> Previously processed claim was denied for a defect and/or error and requires a correction. Please specify the correction to be made: _____	
<b>Duplicate Claim:</b> Original claim denied as duplicate to a previously finalized claim.	
<b>Timely Filing:</b> Original claim denied for untimely filing (and proof of timely filing is attached).	
<b>Precertification/notification or Prior-Authorization:</b> Original claim denied or provider received reduced payment for failure to notify or pre-authorize services or exceeding authorized limits (and proof of valid notification/authorization is attached).	
<b>Medical Necessity:</b> Original claim denied as a result of medical necessity/utilization review decision.	
<b>Referral Denial:</b> Original claim denied as invalid or missing a required referral.	
<b>Request for Additional Information:</b> Original claim denied due to missing or incomplete information (and missing information or identification of such information in previously submitted records is attached).	
<b>Other Type of Denial/Claimed Underpayment:</b>	
<b>Brief Explanation:</b>	

**FOR PROVIDER USE ONLY. INCOMPLETE OR DISALLOWED SUBMISSIONS WILL BE RETURNED. NOTHING IN THIS FORM  
CREATES A RIGHT TO APPEAL WHERE NONE EXISTS UNDER AN APPLICABLE AGREEMENT OR LAW.**

070732 (01-01-2026)