



Claim Review Form

Do Not Use This Form to Appeal on Behalf of a Member

This form is only to be used for a review of a previously adjudicated claim. Original Claims should not be attached to a review form. DO NOT use this form to submit a Corrected Claim or to respond to an Additional Information request from Blue Cross and Blue Shield of Montana.

See the Corrected Claim Form or the Additional Information Form under the Forms section at bcbsmt.com/provider.

Note: If this is a request for a second review, you must provide information not previously submitted for review to be eligible. You must include this completed form, even when submitting your inquiry electronically.

To submit Claim Review requests online: use the Dispute Claim or Message This Payer options after performing a Claim Status search utilizing the Member or Claim tab via the Availity® Essentials portal at availability.com.

Inquiries received without the required information below will not be reviewed.

*Reason for Review: Check each box that applies:		
<input type="checkbox"/> Authorization	<input type="checkbox"/> Code Editing	<input type="checkbox"/> Pre-Pay
<input type="checkbox"/> Experimental/Investigational	<input type="checkbox"/> NSA	<input type="checkbox"/> Timely Filing
<input type="checkbox"/> Other		
*Claim Number(s) (Multiple boxes included for claim numbers)		
Group Number:	Prefix (3 character alpha or alpha-numeric):	Member Identification Number:
Patient Name: (Last, First)		
Provider Name:	NPI:	
Contact Person:	Phone Number:	
*Provide detailed information about your review request. Attach supporting documentation, if necessary.		
REMINDERS		
Mail inquiries to: Blue Cross and Blue Shield of Montana P.O. Box 660255 Dallas, TX 75266-0255	Mail Medicare Advantage inquiries to:	Blue Cross Medicare Advantage P.O. Box 4555 Scranton, PA 18505