

Corrected Claim Form

Use this form to make corrections to a previously adjudicated claim, including submitted Medicare Explanation of Benefits or Coordination of Benefits, when you are unable to submit the corrections electronically.

Do not use this form to respond to an Additional Information request from Blue Cross and Blue Shield of Montana.

Submit only one form per patient.

Corrected Paper Claim Form Attached

*****Inquiries received without the required information below may not be reviewed.*****

Claim Number:		<i>(For multiple claims, provide the additional claim number below)</i>
Group Number:	Prefix (3 character alpha):	Member Identification Number:
Patient Name: <i>(Last, First)</i>		
Date(s) of Service:	Total Billed Amount:	
Provider Name:	NPI:	
Contact Person:	Phone Number:	
Indicate the corrections requested.		

REMINDERS

- **Mail inquiries to:** Blue Cross and Blue Shield of Montana
P.O. Box 660255
Dallas, TX 75266-0255
- **Additional Information requests:** If you received an Additional Information request letter from BCBSMT, follow the instructions provided and use that letter as the cover sheet. If you don't have the cover sheet, use the Additional Information Form on the Forms page of our Provider website, bcbsmt.com/provider. Examples of additional information include medical records and operative reports.
- **Claim Review requests:** If you didn't receive a request for additional information but are requesting a review of a previously adjudicated claim, use the Claim Review Form on our Provider website.

To view claim status online, use the Claim Status Tool on Availity® Essentials at availity.com.