BlueCross BlueShield of Montana

Provider Complaint Form

Provider Name		Date / /
Practice/Clinic/Facility Name		
Email Address		
Phone Number	Fax Number	
Physical Address		
City	State	ZIP Code
NPI	Tax ID	
Name of Person Completing Form		
Date Incident Occurred / /	Complaint Type	
Complaint Summary		

How can BCBSMT resolve your issue?

Please submit form to:
Blue Cross and Blue Shield of Montana
3645 Alice Street
Helena, MT 59601-8656

OR Email to: hcsx6100@bcbsmt.com