



Complete this form to file a provider dispute. This form must be included with your request to ensure that it is routed to the appropriate area of the company, thus avoiding delays in our review process. It is important to include the proper information (based on your reason for review) and submit it to the appropriate mailing address.

Please submit only one form per patient, per dispute.

PROVIDER INFORMATION			
TYPE OF PROVIDER: <input type="checkbox"/> Professional <input type="checkbox"/> Facility <input type="checkbox"/> Other:			
Provider Name			
National Provider Identifier (NPI)		Provider Tax ID	
Name of Person Completing Form		Date Form Completed	
Contact Email Address	Contact Phone Number	Contact Fax Number	
PATIENT INFORMATION			
Member ID		Subscriber Name	
Patient Name		Patient Date of Birth	
Claim Number	Date(s) of Service	Amount Charged	
DISPUTE DETAILS			
To assist us in reviewing your dispute, please summarize the issue and action desired, and attach all supporting documentation.			
GUIDE FOR SUBMITTING SUPPORTING DOCUMENTATION			
<b>SURGERY, ASSISTANT SURGERY OR ANESTHESIA</b>  1. Operative Report 2. Anesthesia Report 3. Pre-op History and Physical 4. Asst. Surgeon Credential (If not M.D.)	<b>DOCTOR'S HOSPITAL VISITS</b>  1. Discharge Summary 2. Hospital Progress Notes 3. History and Physical Notes 4. Pathology Report	<b>DOCTOR'S OFFICE/CLINIC VISITS</b>  1. Office Notes Pertaining to Date of Service 2. History and Physical Notes	<b>OTHER SERVICE X-RAYS, LAB, PHYSICAL THERAPY</b>  1. Physical Therapy Notes and Radiology/Lab Report

Page 2 of this form contains the list of reasons for your dispute. Please check only one reason per form. In order for us to review your dispute, we must receive the entire form.

A printable PDF of this form is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), then click on the "Resources" section and look under Forms.

**PLEASE REVIEW MY DISPUTE FOR THE FOLLOWING REASON**

*Check only one reason per form.*

REASON FOR REVIEW	SUGGESTED SUPPORTING DOCUMENTATION	TIME TO ALLOW RESPONSE FROM BCBSLA FROM DATE SUBMITTED	WHERE TO SEND
<input type="checkbox"/> Claim payment/denial affects the provider's reimbursement (check the appropriate boxes below): <ul style="list-style-type: none"> <li><input type="checkbox"/> Timely filing</li> <li><input type="checkbox"/> Reimbursement/ Contractual Allowable</li> <li><input type="checkbox"/> Authorization penalty</li> <li><input type="checkbox"/> Bundling/ Unbundling issue</li> <li><input type="checkbox"/> Refund</li> </ul>	<ul style="list-style-type: none"> <li>• Provider Dispute Form including reason for dispute; if bundling issue, reason why current bundling logic is incorrect, or if reimbursement issue, expected allowable amount</li> <li>• Supporting medical documentation</li> <li>• Proof of timely filing (only if denied for timely filing)</li> </ul>	60 days	<p><u>MAIL OR FAX:</u>            BCBSLA - Provider Disputes            P.O. Box 98021            Baton Rouge, LA 70898-9021            Or FAX: (225) 298-7035</p> <p><u>ONLINE:</u>            Through iLinkBlue (<a href="http://www.bcbsla.com/ilinkblue">www.bcbsla.com/ilinkblue</a>), click "Document Upload," then "Provider Disputes" in the drop-down menu.</p>
<input type="checkbox"/> Claim denied for a BlueCard® member (insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana)	<ul style="list-style-type: none"> <li>• Provider Dispute Form including reason</li> <li>• Supporting medical documentation</li> </ul>	60 days	<p><u>MAIL OR FAX:</u>            BCBSLA            P.O. Box 98029            Baton Rouge, LA 70898-9045            or FAX: (225) 297-2727</p>

**FOR MEDICAL OR ADMINISTRATIVE APPEALS**

If you need to submit a medical appeal, administrative appeal or grievance on behalf of a member, then instead complete the Medical Appeals Request Form or Administrative Appeal Request Form. Both are available online at [www.bcbsla.com/forms-and-tools](http://www.bcbsla.com/forms-and-tools) under Appeals and Claims Forms.

If Blue Cross requires medical records, the Medical Management department will request them using the Medical Records Request for Claim Review form. Medical records can be uploaded in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)). Click on the Document Upload link on the main page then select "Medical Records for Retrospective or Post Claim Review" from the department drop down.

**FOR OTHER DISPUTES**

For more information on other types of disputes (not listed above) and how to submit them, review our Guide to Disputing Claims tidbit. It is available online at [www.bcbsla.com/providers](http://www.bcbsla.com/providers), click "Resources," then "Tidbits."