BlueCross BlueShield of Oklahoma

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 Oklahoma. See the Corrected Claim Form or the Additional Information Form under the Forms section at **bcbsok.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 **availity.com**.

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

***Reason for submitting a reconsideration: check the box that applies.**

☐ Authorization Issue ☐ Bundling/Code Edits ☐ DRG Audit ☐ Experimental/Investigational ☐ Medical Necessity ☐ Timely Filing ☐ 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 Oklahoma
P.O. Box 655924
Dallas, TX 75265-5924

Mail Medicare Advantage inquiries to: Blue Cross Medicare Advantage
P.O. Box 4555
Scranton, PA 18505

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