BlueCross BlueShield
of Oklahoma

Response to Denied Amendment

Use this form to file a Statement of Disagreement regarding a denied Request for Amendment or to request that your original amendment request and subsequent denial be attached to future disclosures of the Protected Health Information (PHI) that you had requested to be amended. **If you need assistance completing the form, please contact the Customer Service number listed on the back of your Member Identification Card.**

In order to process this request, you must attach a copy of your denial letter to this form.

WHEN COMPLETED AND SIGNED PLEASE MAIL TO: **Blue Cross and Blue Shield of Oklahoma**
P.O. Box 805106
Chicago, IL 60680-4112

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Section A: The individual for whom amendment was denied. Please complete the following:

Name ____________________ **Group #** ________ **Identification\Subscriber #** ________

Social Security Number ________ **Date of Birth** ________

Address ________ **City** ________ **State** ____ **ZIP** ____

Area Code & Telephone Number ________ **E-mail address (if available)** ________

Section B: Please select the appropriate option. You may select only one:

☐ **Option 1:** I request that you attach the following Statement of Disagreement to my Designated Record Set. (Please limit your response to the space provided below.)

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☐ **Option 2**: I do not choose to submit a Statement of Disagreement. Instead, I request that you include my original Request for Amendment and subsequent denial with any future disclosures of the PHI that I requested be amended.

Section C: Signature - This document must be signed by the individual, parent of a minor child or the individual's Personal Representative.

I understand that I can only sign on behalf of a minor child under the age of 18, unless there is proof of legal guardianship.

Signature ________ **Date: month/day/year** ________

Section D: If Section C is signed by a Personal Representative, please complete the information below:

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the Legal documents. You do **NOT** have to attach copies of these documents if they are already on file with Blue Cross and Blue Shield of Oklahoma.

Personal Representative's Name ________ **Relationship to Individual** ________

Personal Representative's Address ________ **City** ________ **State** ____ **ZIP** ____

Personal Representative's Area Code & Telephone Number ________ **Personal Representative's E-mail address (if available)** ________

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