



This form is only to be used for 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 (BCBSOK).

Submit only one form per patient.

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

Form with fields: CLAIM NUMBER, GROUP NUMBER, PREFIX (3 CHARACTER ALPHA), MEMBER IDENTIFICATION NUMBER, PATIENT NAME (LAST, FIRST), DATE(S) OF SERVICE, TOTAL BILLED AMOUNT, PROVIDER NAME, NPI, CONTACT PERSON, PHONE NUMBER, and a large text area for detailed information.

REMINDERS

Table with 2 columns: Mail inquiries to: Blue Cross and Blue Shield of Oklahoma (Tulsa, OK) and Mail Medicare Advantage inquiries to: Blue Cross and Blue Shield of Oklahoma (Scranton, PA).

- Additional Information requests: If you received an Additional Information request from BCBSOK, follow the instructions provided...
Corrected Claim requests should be submitted as electronic replacement claims...
To submit Claim Review requests online utilize the Claim Inquiry Resolution tool, accessible through Electronic Refund Management (ERM) on the Availity™ Web Portal at availity.com.

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