BlueCross BlueShield of North Carolina | HealthyBlue

Claim Payment Appeal Submission Form

This form should be completed by providers for payment appeals only.

Member information	
Member name (first, last):	
Member DOB:	Medicaid ID number:

Provider/provider representative information		
Provider name:		Provider NPI:
Provider street address:		
City:	State:	ZIP:
☐ I am a participating provider	☐ I am a non-participating provider	
Provider representative: ☐ Self ☐ Billing agency ☐ Law firm ☐ Other:		
Representative contact name:		
Representative street address:		
City:	State:	ZIP:

Claim information*		
Claim number:	Billed amount: $	Amount received: $
Start date of service:	End date of service:	Authorization number:

*** If you have multiple claims related to the same issue, use one form, attach a claims list, and attach supporting documentation for each claim behind this form.**

Payment appeal	
A payment appeal is defined as a request from a healthcare provider to change a decision made by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) related to claims payment for services already provided. A provider payment appeal is **not** a member appeal (or a provider appeal on behalf of a member) of a denial or limited authorization as communicated to a Healthy Blue member in a notice of action.	
☐ First-level appeal	☐ Second-level appeal

To ensure timely and accurate processing of your request, please check the applicable payment dispute determination below. This was provided on the determination letter or *Explanation of Payment* from Blue Cross NC:

☐ Untimely filing	☐ Claim code editing denial	☐ Denied as duplicate
☐ Member retro-eligibility issue	☐ No authorization	☐ Retrospective authorization issue
☐ Denial related to provider data issue	☐ Not paid according to your contract	☐ Experimental/investigational procedure denial
☐ Denied for other health insurance (OHI), but member doesn't have OHI	☐ Data elements on claim on file does not match claim originally submitted	☐ Other:

Mail this form with a list of claims (if applicable) and supporting documentation to:

Blue Cross NC | Healthy Blue
Payment Appeals
P.O. Box 61599
Virginia Beach, VA 23466-1599

https://provider.healthybluenc.com

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