BlueCross BlueShield of North Carolina

Member Appeal Form

Instructions to help you complete the Member Appeal Form

Timeframe to request an appeal: This form must be completed and received at Blue Cross and Blue Shield of North Carolina (Blue Cross NC) within 180 days of the date on the notice of the adverse benefit determination.

How to complete this form: Please complete as much of the form as you can.

- Member Information: This information may be found on your Blue Cross NC ID card.
- Patient Information: Provide information for the person the request is for. If same as member information, leave blank.
- Service/Claim Information: Tell us about the service, claim and/or item for which you are appealing. This information may be found on correspondence from Blue Cross NC.
- Reason for Appeal: Tell us why you are requesting an appeal. Use additional paper if necessary.
- Print First and Last Name: Print the name of person listed in the Patient Information section if 18 and older. If under age 18, print the name of the parent/guardian.
- Signature: Signature of person listed in the Patient Information section if 18 and older. If under age 18 the signature of parent/guardian is required.

How to submit this form: Enter your information directly, then print your completed form. Or, print a blank form to fill in by hand. Mail or fax the completed form together with any supporting documents to:

Member Rights and Appeals
Blue Cross and Blue Shield of North Carolina
P.O. Box 30055
Durham, NC 27702-3055

Fax: 919-765-4409
Fax (State Health Plan PPO): 919-765-2322

Choose an authorized representative: You have the right to choose an authorized representative to help you with your appeal. To appoint an authorized representative, complete the Member Appeal Representation Authorization Form.

What happens next: We'll send you a letter letting you know that we received your appeal request. We'll review your appeal, including all supporting documentation provided.

Questions: Please contact Customer Service at the number on the back of your Blue Cross NC member ID card.

BlueCross BlueShield of North Carolina

Member Appeal Form

This form is for filing a Level 1 or Level 2 member appeal.
NOT to be used for Federal Employee Program (FEP).

In order to start this process, this form must be completed in its entirety, signed, dated and submitted for review within 180 days of notification of the date of the adverse benefit determination. Please attach copies of all documentation you may have in relation to this appeal, including but not limited to medical records and include any additional information that may support your appeal. This form and information may be submitted via fax or mail to:

Member Rights and Appeals
Blue Cross and Blue Shield of North Carolina
P.O. Box 30055
Durham, NC 27702-3055

Fax: 919-765-4409
Fax (State Health Plan PPO): 919-765-2322

In accordance with Blue Cross and Blue Shield of North Carolina (Blue Cross NC) policies, all information contained herein or attached is subject to review by any Blue Cross NC staff member as is appropriate.

Member Information		
Today's Date	**ID Number**	**Date of Birth**
First Name	**Last Name**	**Primary Phone Number**
Street Address		**Alternate Phone Number**
City, State, ZIP		

Patient Information (If same as above, leave blank)		
First Name	**Last Name**	**Date of Birth**

Service/Claim Information	
Claim Number(s)	**Reference/Authorization Number(s) (if applicable)**
Provider Name	**Date(s) of Service(s)**

Reason for Appeal (If additional space is needed, attach additional detail as necessary)

Print First and Last Name	Signature