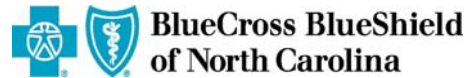


**LEVEL ONE PROVIDER  
APPEAL FORM FOR BLUE MEDICARE  
HMO<sup>SM</sup> AND BLUE MEDICARE PPO<sup>SM</sup>**



Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association

**Section I: Patient Information**

**Alpha Prefix** (Copy from the member's BCBSNC identification card) **Patient Date of Birth**  
     -   -

**Subscriber Number** (Copy from the member's BCBSNC identification card)

**Patient Name** (First, middle initial, last)

**Section II: Physician Information**

**Requesting Physician** (Print first, last name) **Requesting Physicians Signature** (Signature & date)

**Fax**    -    -       **Phone**    -    -

**Physician NPI Number**

**Physician Mailing Address** (Street or P.O. Box, City, State & Zip Code)

**Section III: Appeal Information**

**Date of Service**   -   -     **Date of Notification of Payment**   -   -

**CPT Codes**      -   **Diagnosis Codes**

**Claim Identification Number**

**APPEAL REASON** (select one reason only)

- |  |   |  |
|--|---|--|
| <p><b>MEDICAL NECESSITY:</b></p> <p><input type="checkbox"/> Cosmetic</p> <p><input type="checkbox"/> Experimental/ Investigational</p> <p><input type="checkbox"/> No authorization for inpatient admission</p> <p><input type="checkbox"/> Not Medically Necessary</p> | <p><b>BILLING/CODING:</b></p> <p><input type="checkbox"/> Coding/ Bundling or Fee Denials</p> <p><input type="checkbox"/> Global Period Denial</p> <p><input type="checkbox"/> Re-bundling</p> <p><input type="checkbox"/> Services Not Eligible for Separate Reimbursement</p> | <p><b>OTHER:</b></p> <p><input type="checkbox"/> Non-Contracting Provider Payment Disputes</p> |
|--|---|--|

**FAX NUMBER FOR POST SERVICE APPEALS – (919) 287-8815**

**Note:** All other requests should be submitted using the **Provider Inquiry Form** in the Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup> Provider Manual.

**Comments** (If additional space is needed, please use the back of this form)

**Records Attached**

This form is intended for use only when requesting a review for post service appeal requests for Medicare Advantage membership. Completed forms accompanied by any supporting documentation should be sent to: **Provider Appeals Unit, Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup>, P.O. Box 17509, Winston-Salem, NC 27116-7509 or Fax: (919)287-8815.**

Please refer to the Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup> provider manual located on the BCBSNC Web site for providers at [www.bcbsnc.com/content/providers/blue-medicare-providers/resources-and-forms/index.htm](http://www.bcbsnc.com/content/providers/blue-medicare-providers/resources-and-forms/index.htm) or contact your local Network Management field office for assistance with the claims inquiry process.