# Provider Dispute Form

Capital

This form is only to be used for review of an adjudicated claim. This form is not intended for original claim submissions, claim adjustments, corrected claim requests, or to respond to additional information requests from Capital Blue Cross. Submit only one form per patient. Appeals must be filed within 180 days from the statement of remittance/explanation of benefits date. Please complete the form accurately and include all relevant documents for efficient processing. We will complete our review within 30 days for a preservice appeal and 60 days for a post service appeal.

**Fax requests to: 717.541.6915**

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

**Date:** _____

☐ **Administrative claim review** ☐ **Medical necessity appeal** ☐ **Third party**

| | |
|---|---|
| **Claim number*:**<br>*(For multiple claims, up to a total of ten claims per form, provide the additional claim numbers below.)* | |
| **Patient name (last, first)*:** | |
| **Member ID number*:** | **Patient date of birth:** |
| **Date(s) of service*:** | **Total billed amount:** |
| **Provider name*:** | **Group/Facility NPI:** |
| **Contact person:** | |
| **Contact phone number:** | **Contact fax number:** |

**Provide detailed information about your request, including additional claim numbers, if applicable. A provider may dispute adverse benefit determinations on behalf of a member. In order for a provider to appeal on behalf of a member, the provider and the member must complete, in its entirety, the Authorization of Designated Appeals Representative (ADAR) Form, available in the Resource Center on our Provider Portal. Attach supporting documentation, if necessary. (Detailed examples include: circumstances why an authorization was not obtained, and why services were not submitted timely.) ***

## REMINDERS

- **Fax requests to:** 717.541.6915
- **Mail requests to:** AGR Dept.—Provider Unit
  PO Box 779518
  Harrisburg, PA 17177-9518
- For more information, please reference Chapter 5, Unit 3 of the provider manual.