Provider Request for Appeal on Behalf of Member

For timely processing of your request, please attach the following information:

1. Copy of the Explanation of Benefits/Remittance Advice and/or denial letter
2. Submit additional information to support your request (i.e., medical records, etc.)

For group health plan members, mail completed form and any applicable documents to the attention of the Appeals Department, P.O. Box 660058, Dallas, TX 75266-0058. For urgent requests concerning a group health plan member, please call 866-236-1702 (TTY/TDD: 711) or fax your request to 918-551-2011.

For Individual and Family health plan members, mail completed form and any applicable documents to the attention of BCBSNM Claim Review Section P.O. Box 660058, Dallas, TX 75266-0058. For urgent requests concerning an Individual and Family health plan member, please call 800-447-7828 (TTY/TDD: 711) or fax your request to 918-551-2011.

Please complete:
Note - Member or patient must sign at the bottom of this form designating assignment of representation.

Employee/Cardholder Name: ______________________________

Current Address: ______________________________

Phone Number: ______________________________

Date(s) of Service: ______________________________

BCBSNM Identification Number: ______________ Group Number ______________

Patient Name: ______________________________

Provider(s) Name(s): ______________________________

Provider NPI Number(s) ______________________________

Provider's reasons for this request (attach additional pages if necessary): ______________________________

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The following documents to support this request are enclosed: ______________________________

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Signature of Requestor: ______________________ Date of Request: ____________

I (the Member or Patient) **authorize** ______________________ (the Provider) to **represent me in the Appeal process regarding the above services**.

Member/Patient Signature: ______________________ Date: ____________
If Patient is under the age of 18, the signature of the Member is required.

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