

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, or as otherwise extended by federal law.

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.

This form is for filing a Level 1 or Level 2 member appeal.

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, or as otherwise extended by federal law. Please attach copies of all documentation you may have in relation to this appeal and include any additional information that may support your appeal. This form and information may be submitted via fax or mail to:

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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)

