BlueCross BlueShield of Illinois

Medicare Advantage (PPO)SM Claim Review Form

This form is only to be used for review of a previously adjudicated claim.
Original Claims should not be attached to a review form.
Submit only one form per patient.

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

CLAIM NUMBER (FOR MULTIPLE CLAIMS PROVIDE THE ADDITIONAL CLAIM NUMBERS BELOW)		
GROUP NUMBER	PREFIX (3 CHARACTER ALPHA)	MEMBER IDENTIFICATION NUMBER
PATIENT NAME (LAST, FIRST)		
DATE(S) OF SERVICE		TOTAL BILLED AMOUNT
PROVIDER NAME		NPI
CONTACT PERSON		PHONE NUMBER
PROVIDE DETAILED INFORMATION ABOUT YOUR REVIEW REQUEST, INCLUDING ADDITIONAL CLAIM NUMBERS, IF APPLICABLE. ATTACH SUPPORTING DOCUMENTATION, IF NECESSARY.		

MAIL INQUIRIES TO:

Blue Cross and Blue Shield of Illinois
P.O. Box 4555
Scranton, PA 18505