WyoBLUE ADVANTAGE

An independent licensee of the Blue Cross Blue Shield Association

Provider Appeal Form

Follow the steps below to submit an appeal request to Wyoming Blue Advantage.

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A. Provider information:

What type of appeal?

- [x] Standard
- [ ] Expedited

Is this a Part B Drug Appeal: [ ] Yes [ ] No

(if Yes, What is the name of the drug?)

Drug Name:_____

(Note: Part D Drug Appeals are not part of this form)

Provider (e.g.: doctor's name, hospital, laboratory):		
Address:	City/State:	ZIP code:
NPI #:	Tax ID #:	
Provider Contact Name:	Phone #:	Fax #:

B. Member information:

First Name:	Last Name:	Date of Birth: MM/DD/YYYY
Membership ID#: (include all characters):		Group #:

C. What are you appealing?

Please select one of the type of request (if known):

- [ ] Level I Appeal
- [ ] Level II Appeal
- [ ] Payment Disputes

Please select one of the options:

- [ ] Pre-Service
- [ ] Post-Service
- [ ] Payment Dispute

Please provide information below:

Date of Service: MM/DD/YYYY	Claim Number:	Total Charge:
Utilization Management Case #: (listed on denial letter)		

Note: Please include all supporting documentation with your request

D. Tell us why you are appealing:

What would you like us to review again? Write in the space below and be sure to attach supporting documents. (750 Character Limit)	What action do you want us to take? Write in the space below. If you need more space, please attach a written statement. (750 character limit)

E. Send to the appeals department:

Please select if you are: ☐ Contracted Provider ☐ Non-Contracted Provider

Applicable Information Per Provider Type

Contracted Provider

- Dispute Types
  - Inclusive procedures/clinical edits
  - Allowed amount not applied per provider's contract
  - Multiple modifier reimbursements

Non-Contracted Provider

- Submit within 65 calendar days from the date of the remittance advice
  - Waiver of Liability (Required)
  - Good Cause Request (if applicable)

Send to:

Fax: 1-855-595-2683

Wyoming Appeals & Grievances

PO Box 21012
Eagan, MN 55121