

INSTRUCTIONS:		
1. Please see the reverse side for instructions on completing this form. 2. Please PRINT all requested information (except signature). 3. Please enclose any and all supporting documentation with this form. 4. Please retain a copy of this completed form and documentation for your records.		
Note: This form is to be used by participating providers to appeal services rendered to patients with Highmark Blue Cross Blue Shield Delaware (Highmark DE) member identification (ID) cards.		
PROVIDER NAME	PROVIDER NPI	
PROVIDER ADDRESS - STREET		
CITY	STATE	ZIP CODE + 4
SUBSCRIBER PREFIX/IDN	PATIENT'S NAME	
DATE(s) OF SERVICE	TOTAL CHARGES	
CLAIM NUMBER	DATE OF VOUCHER	
<i>Requests for appeal must be submitted within 180 days of claim determination based on voucher date.</i>		
Reason for appeal (please check one): <input type="checkbox"/> Administrative <input type="checkbox"/> Medical		
Please provide any additional details regarding your reason(s) for appeal:		
Supporting documentation included (please check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please indicate below:		
<input type="checkbox"/> Operative Report	<input type="checkbox"/> Letter of Medical Necessity	
<input type="checkbox"/> Labs, Pathology, X-Rays, Machine Tests	<input type="checkbox"/> Progress Notes	
<input type="checkbox"/> Office Notes	<input type="checkbox"/> Proof of Timely Filing	
<input type="checkbox"/> Authorization	<input type="checkbox"/> Other: _____	
Submitted By (please print name):	Contact Phone:	
Signature:	Date:	

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a claim containing any false, incomplete or misleading information may be guilty of a felony.

Return completed form to:

Highmark Blue Cross Blue Shield Delaware
P.O. Box 8402
Wilmington, DE 19899-8402

Highmark DE will notify you of the appeal determination no later than 60 days from the receipt of this form.

INSTRUCTIONS FOR COMPLETING THE PROVIDER POST-SERVICE APPEAL FORM

As a Highmark Blue Cross Blue Shield Delaware (Highmark DE) participating provider, you have the right to a fair review of all claims decisions as part of our appeal process. When appealing a decision, you have **180 days following a claims decision to request an appeal**. In addition, please note the following:

- Any appeals received after the 180-day timeframe will be considered untimely and ineligible for appeal.
- Highmark DE extends one level of internal appeal as part of our appeal process.
- Providers should submit any and all pertinent information and documentation with the appeal form to ensure its consideration during the appeal process.
- Highmark DE's review will include all documents, clinical records (if any), and comments, including, but not limited to, the patient's eligibility and benefits, applicable policies, provider contracts, and any other relevant details.
- Appeals will be decided in a timely manner. Highmark DE will notify providers, in writing, of the resolution within 60 days of receiving the appeal request. Please note that appeal decision timeframes begin upon Highmark DE's receipt of the appeal request.

This process applies to Highmark DE participating providers only. Out-of-state providers who do not participate with Highmark DE must contact their local Blue Cross and Blue Shield Plans.

Do not use this form for the following:

- Appeals on behalf of the member
- BlueCard® claims
- Claims inquiries
- Non-participating providers
- Pre-service appeals
- Submission of corrected claims
- Submission of medical records requested by Highmark DE
- Submission of other carrier information

Use of the post-service appeal process for other purposes, such as those listed above, will exhaust the one level of internal appeal available through Highmark DE.

Options Available After the Highmark DE Appeal Process

If the patient is covered under a health benefits plan that is regulated by Delaware insurance law, and you are a provider, as defined by 18 Del. C. §333(a) (1), you have the right to seek external review of our final decision regarding the amount of your reimbursement.

The Delaware Department of Insurance (DOI) provides claims arbitration services that are in addition to, but do not replace, any other legal or equitable right you may have to review this decision or any right of review based on your contract with us. You can contact the DOI for information about arbitration by calling the Arbitration Secretary at 302.674.7322. You may also visit the DOI at The Rodney Building, 841 Silver Lake Blvd., Dover, DE 19904 between the hours of 8:30 AM and 4:00 PM to personally discuss the arbitration process. All requests for arbitration must be filed within 60 days from the date on which you receive this notice; otherwise, the Highmark DE appeal decision will be final.