BlueCross BlueShield of Illinois

Provider Service Authorization Dispute Resolution Request

This form should be used to submit a dispute a service authorization denial only when a concern is about an administrative process which resulted in the denial. **This form is NOT to be used for claim/billing issues or disputes.**

For claim/billing issues or disputes, please use the following link:
bcbsil.com/docs/provider/il/education/forms/medicaid-claims-inquiry-dispute-request-form.pdf*
Contact your PNC if you have multiple Provider Service Authorization Disputes for the same issue.

PROVIDER INFORMATION		
PROVIDER NAME	NATIONAL PROVIDER IDENTIFIER (NPI)	
STREET ADDRESS		
CITY	STATE	ZIP
CONTACT PERSON FOR DISPUTE FOLLOW UP	PHONE	

MEMBER INFORMATION (A separate form must be completed for each member)		
MEMBER NAME		
DATE OF BIRTH	MEMBER ID	
AUTHORIZATION NUMBER	SERVICE DATE FROM	TO

REASON FOR DISPUTE (A detailed explanation must be provided)
If you failed to follow UM processes, the Service Authorization Dispute is not an available option. Please do not submit.
□ WAS AN INCORRECT CRITERIA/MEDICAL POLICY UTILIZED? (PLEASE ATTACH EXPLANATION)
□ GOOD CAUSE FOR FAILURE TO OBTAIN AUTHORIZATION/CHANGE IN LENGTH OF STAY OR DATE OF SERVICE FOR AN AUTHORIZED SERVICE.
□ INCORRECT INFORMATION PROVIDED BY MCO
□ MEMBER ELIGIBILITY CONCERN

TO SUBMIT BY MAIL **Blue Cross Community Health Plan**
Provider Authorization Disputes
PO Box 660906
Dallas, TX 75266

TO SUBMIT BY FAX **312-653-9443**

Important reminders:

Attach supporting information for your dispute. If clinical information is not submitted with the dispute form, your request will not be accepted.

Timely filing for a service authorization dispute is 60 days from the date of the disputed denial or claim notification.