



**NON-MINNESOTA / NON-PAR PROVIDER
CLAIM ADJUSTMENT / APPEAL FORM**
One form per request or appeal

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Today's Date:

Contact Person: _____ Phone: _____ Fax: _____

BCBSMN Tax ID or Provider ID: _____ NPI: _____

Provider Name: _____ Provider Return Address: _____

BCBS Member ID#:	Patient Name:	Claim #:
<input type="checkbox"/> Blue Card Plan Code:	Patient Account:	Enter remark code:
Group #:	Charge for service in question:	Service Date(s) in question:
<input type="checkbox"/> Claim Adjustment Request	A claim adjustment request is based upon a correction and/or new information for a previously processed claim. Adjustment requests are not appeals. We cannot adjust claims to deviate from contract benefits.	
Comments: _____ _____ _____		
<input type="checkbox"/> Other Carrier Paid (include EOB – Explanation of Benefits) <input type="checkbox"/> Medicare (include EOMB) <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> No-Fault auto insurance <input type="checkbox"/> Other _____		
<input type="checkbox"/> Appeal (Attach supporting documentation – Please refer to the Provider Policy and Procedure Manual for instructions)	An appeal is a request for reconsideration of a previously processed service (denial, payment reduction, coverage termination, etc.)	
Comments: _____ _____ _____		
Website: https://www.bluecrossmn.com Click on 'For the Health Care Providers' for the Provider Policy & Procedure Manual, Forms: Other MN Statute 62J.536 requires Minnesota providers to submit adjustment/replacement/Cancel claims electronically using the HIPAA 837P or 8371 transaction.		

Mail to:
Blue Cross and Blue Shield of Minnesota
Attn: (Please indicate) Appeals or Claims Adjustments
PO Box 64560
St. Paul, MN 55164-0560

Fax to: 651-662-2745
Attn: (Please indicate) Appeals or Claims Adjustments