



## Additional Information Form

Additional Information requested may be submitted with the letter received or this form.

DO NOT USE THIS FORM UNLESS YOU HAVE RECEIVED A REQUEST FOR INFORMATION.

Original Claims should not be submitted with this form.

Submit only one form per patient.

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

|                             |                             |                               |  |
|-----------------------------|-----------------------------|-------------------------------|--|
| <b>Claim Number:</b>        |                             |                               | <small>(For multiple claims provide additional claim number below)</small> |
| 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:                 |  |

Additional Information requested:

### REMINDERS

**Mail inquiries to:** Blue Cross and Blue Shield of Montana  
P.O. Box 7982  
Helena, MT 59604-7982

- **Claim Review requests** – If you did not receive a letter requesting additional information but are requesting a review of a previously adjudicated claim, use the Claim Review Form located at [bcbsmt.com/provider](http://bcbsmt.com/provider).
- **Corrected Claim requests** should be submitted as electronic replacement claims, or on a paper claim form along with a Corrected Claim Review Form available on our website at [bcbsmt.com/provider](http://bcbsmt.com/provider).

To view Claim Status online utilize the Claim Status Tool (CRT) on the Availity® Provider Portal at [availity.com](http://availity.com).

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