



Claim Review Form

This form is only to be used for review of a previously adjudicated claim. Original Claims should not be attached to a review form.
Do not use this form to submit a Corrected Claim or to respond to an Additional Information request
from Blue Cross and Blue Shield of Montana (BCBSMT).
Submit only one form per patient.

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

Claim Number: (For multiple claims provide the additional claim number below)		
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:	
Provide detailed information about your review request, including additional claim numbers, if applicable. Attach supporting documentation, if necessary.		
REMINDERS		
<ul style="list-style-type: none"> • Mail inquiries to: Blue Cross and Blue Shield of Montana P.O. Box 7982 Helena, MT 59604-7982 • Additional Information requests – If you received an Additional Information request from BCBSMT, follow the instructions provided and use that letter as the cover sheet. If you do not have the cover sheet please use the Additional Information Form located at bcbsmt.com/provider. <i>Examples of additional information include, but aren't limited to: Medical Records, Operative Reports, Coordination of Benefits, Medicare Explanation of Benefits, etc.</i> • 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. <p>To submit Claim Review requests online utilize the Claim Inquiry Resolution tool, accessible through Electronic Refund Management (ERM) on the Availity® Provider Portal at availity.com.</p>		

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