

## Facility Emergency Department Level Dispute Form

**Note:** This form is intended for use by facilities only when requesting a review of a post service claim denied for Facility Emergency Department Level and should be accompanied by any supporting documentation. Please submit a written dispute request within **forty-five** calendar days of claim denial. Please complete the form in its entirety. Submission can be completed via **fax** or through **ProviderLink On-Line** (see below). Post service claims denials for professional fees should follow the appeals process as outlined in the denial letter.

<b>Today's Date</b>	<b>Member's ID Number</b>	<b>Member's Group Number (optional)</b>
<b>Member's First Name</b>	<b>Member's Last Name</b>	<b>Member's Date of Birth</b>
<b>Facility Name</b>		<b>Facility Number/NPI</b>
<b>Facility Group Name (if applicable)</b>	<b>Office Contact</b>	<b>Contact Mailing Address</b>
<b>Contact Phone Number</b>	<b>Contact Fax Number</b>	<b>Contact Email Address (optional)</b>

To help Blue Cross NC review and respond to your request, please provide the following information below. (This information may be found on prior correspondence you received from Blue Cross NC.)

<b>Claim Number(s)</b>	<b>Reference/Authorization Number(s) (if applicable)</b>	<b>Date(s) of Service(s)</b>
<b>Date(s) of Service(s) Being Disputed</b>		
<b>Explanation of Your Request (please use additional pages if necessary)</b>		

**Fax numbers:**

- **Commercial:** 844-340-1965
- **Employee:** 844-339-7889
- **IPP BlueCard:** 877-208-3317
- **Medicare:** 844-340-4212
- **State:** 844-339-5364

**For providers with an active ProviderLink On-Line Contract:**

- 1) Title the message subject **“Emergency Department Level Dispute”**
- 2) Ensure the following information is clearly documented in the ProviderLink *On-Line* message header:
  - a. The patient's name
  - b. The Blue Cross NC patient's ID Number (including the Prefix and Suffix) in the Unique ID field
  - c. The patient's Date-of-Birth
  - d. The Date-of-Service
  - e. Sender's name and direct phone number on the message header
- 3) **Do not** “Request a Reply” to the message when submitting. Blue Cross NC recommends utilizing the Audit Trail feature within the application.
- 4) Submit requests to the corresponding ProviderLink *On-Line* **“Facility” Emergency Depart Level Disputes mailbox** that is associated with the patient's Insurance coverage type, e.g.: Commercial, Employee, IPP BlueCard, Medicare, or State Health Plan.

