## Provider / Doctor Claim Inquiry

### Provider Information

<table>
<thead>
<tr>
<th>Provider Information</th>
<th>Same Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE NUMBER</td>
<td>FAX NUMBER</td>
</tr>
<tr>
<td>GROUP PROVIDER NUMBER</td>
<td>INDIVIDUAL PROVIDER NUMBER</td>
</tr>
</tbody>
</table>

### Place of Service

- [ ] Office
- [ ] Ambulatory surgical center
- [ ] Inpatient facility
- [ ] Outpatient facility

### Program

- [ ] HMO
- [ ] BlueCard®
- [ ] Blue Advantage®
- [ ] PPO
- [ ] Blue Advantage®
- [ ] SHP – PPO
- [ ] Federal Employee Program

### The reason for this inquiry is:

1. [ ] New Claim
2. [ ] Corrected Claim
3. [ ] Claim(s) Status [ ] Blue e® claim status has been reviewed
4. [ ] Overpayment / Underpayment
   - a. Patient’s other coverage paid
   - b. Payment was made by:
     - Name of company
     - Name of the group
     - Name of Insured
   - c. Possible overpayment / underpayment of

5. [ ] Medical Records - Reconsideration of a previously processed claim related to:
   - a. [ ] coding / bundling
   - b. [ ] medical necessity
   - c. [ ] potentially cosmetic, experimental or investigational services
   - d. [ ] pricing
   - e. [ ] pre-existing
   - f. [ ] special investigations (submit a copy of the inquiry form, the claim and all supporting medical records must be attached)

6. [ ] Medical Records - Submission of solicited medical records for a pending claim related to:
   - a. [ ] medical necessity
   - b. [ ] pre-existing
   - c. [ ] pricing
   - d. [ ] potentially cosmetic, experimental or investigational services

7. [ ] Medical Records submitted for other reasons:
   Explanation:

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