

Appeal/Grievance Request Form

You may use this form to tell AZ Blue you want to appeal or grieve a decision.



An Independent Licensee of the Blue Cross Blue Shield Association

Member Name _____

Member ID # _____ Group # _____

Name of representative pursuing appeal, if different than above _____

Phone # _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Type of Appeal/Grievance Denied Claim Denied Service Not Yet Receive Cost Share Dispute

Claim # (if applicable) _____ Date of Service ____ / ____ / ____

If you are appealing AZ Blue's decision to deny a service you have not yet received, could a 15 to 30 day delay in receiving the service likely seriously jeopardize your life or health or your ability to regain maximum function, cause a significant negative change in your medical condition, or subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider can send us the attached certification and documentation supporting the need for an expedited appeal.

What action or decision are you disputing? _____

Explain why you believe the decision or action was wrong and what you would like AZ Blue to do differently:

(Attach additional sheets of paper, if needed)

If you have questions about the appeal or grievances process or need help to prepare your request, please call AZ Blue at **602-864-4400** or **1-800-232-2345**.

Make sure that everything that shows why you believe AZ Blue should process your claim differently or authorize a service, including: Medical Records Supporting Documentation (letter from your doctor, brochures, notes, receipts, etc.) You may attach the certification from your treating provider if you are seeing an expedited review. Send to:

Blue Cross Blue Shield of Arizona
Attn: Medical Appeals and Grievances Coordinator
P.O. Box 13466, Mail stop A116
Phoenix, AZ 85002-3466
Phone: 602-544-4938 or 1-866-595-5998
Fax: 602-544-5601

Signature of member or authorized representative _____ Date ____ / ____ / ____