

BCBSAZ PROVIDER GRIEVANCE FORM



An Independent Licensee of the Blue Cross Blue Shield Association

To dispute a BCBSAZ claim payment or grieve a nonpayment issue, you may initiate the BCBSAZ provider grievance process by completing and submitting this form. For disputes related to out-of-network payment for services in scope for the No Surprises Act (NSA), please use the NSA Claim Payment Negotiation Request Form at azblue.com/NoSurprises.

Complete this form and send it with all-inclusive documentation to BCBSAZ at ProviderDisputes@azblue.com or fax to 602-544-5601. Forms submitted without required information will be returned.

Grievance Information (All fields required)	
Grievance Level <input type="checkbox"/> Initial request (first-level) <input type="checkbox"/> Follow-up request (second-level)	Request Date (mm/dd/yyyy) / /
Reason for Grievance (you must check at least one box) Check the box that best describes the reason for your request <input type="checkbox"/> Claim pricing dispute (not related to an out-of-network NSA claim payment dispute) <input type="checkbox"/> Claim denial dispute <input type="checkbox"/> Other, non-payment dispute (includes systemic or operational issues)	
Brief description of the issue (include information about attached documentation)	

Provider Information (All fields required)			
Provider Name	NPI #	Tax ID #	
Mailing Address	City	State	ZIP Code
Contact Person	Phone #	Email	

Member Information (if applicable)		
Member Name	Member ID #	Date of Birth (mm/dd/yyyy) / /
Date(s) of Service (mm/dd/yyyy) / /	Claim #	Patient Account #
Add additional claims for this member (if applicable)		
Date(s) of Service (mm/dd/yyyy) / /	Claim #	Patient Account #
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Be sure to attach all relevant documentation you would like us to consider and email this form to BCBSAZ at ProviderDisputes@azblue.com or fax to 602-544-5601.