

AZ Blue Claim Payment Negotiation Request Form



An Independent Licensee of the Blue Cross Blue Shield Association

For non-participating providers to initiate the negotiation process under the No Surprises Act, to dispute an initial claim payment

Non-participating providers may dispute the initial amount paid on a claim for emergency, air ambulance, or other professional services that are in scope for the No Surprises Act (NSA). To initiate the 30-day negotiation process provided under the NSA, complete and send this form to Blue Cross® Blue Shield® of Arizona (AZ Blue), along with a copy of the remittance advice. The 30-day negotiation period starts when we receive a fully completed request form and remit statement. Any dispute that is not settled within the 30-day period may be referred to an independent federal arbitrator.

CONTACT PERSON	Contact Person (for this request)	Phone	Email
SCHEDULING AVAILABILITY (for virtual negotiation meeting)	Scheduling Option 1	Scheduling Option 2	
REQUESTING ENTITY	Provider, Group, or Facility requesting this review		
REASON(S) FOR REQUEST	Explain the reasons why you are disputing the initial payment amount. If available, list the evidence or sources of information that you wish to offer in support of your position.		

REQUIRED INFORMATION				
Provider Name		Provider NPI		Provider Tax ID
Member Name		Member ID		
Claim Number	Date of Service	Service Code	Initial Payment	Offer for Total Amount (including cost-share)
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	/ /			
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Attestation and Authorized Electronic Signature

I am (name, title) _____

and I am authorized to submit this request. By entering my name in the electronic signature box below, I attest that the information on this form is accurate and complete to the best of my knowledge, information, and belief.

/s/ _____ /____/____

Authorized Electronic Signature Date (mm/dd/yyyy)

Email your completed request form (all fields required) and a copy of the remit to NSArequest@azblue.com.