

BCBSAZ Corrected Claim Form

For adjustments that can't be submitted electronically



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This form should only be used when it is not possible to submit an 837 electronic adjustment request. This form will be returned except when the original claim was submitted on paper or the adjustment is for an NPI change. NPI changes require medical record documentation verifying the rendering provider.

Instructions: Complete all required fields and submit the form to BCBSAZ as indicated in step 4 below, along with a copy of the original claim and any required documentation.

1. Provide the following information (required):

Today's Date		Member Name	
Provider Name		Member ID	
Provider NPI/TIN		BCBSAZ Claim #	
Provider Fax #		Patient ID #	
Provider Phone #		Group # (required only for CHS claims)	

2. Identify the information being changed and briefly explain why it is necessary (required):

3. Attach a copy of the original claim, showing the correction.

Note: As a general rule, do not send medical records. However, when changing a provider NPI, include documentation verifying the rendering provider.

4. Submit this form (along with a copy of the original claim and any required documentation) by fax to:

BlueCard (out-of-area) Corrected Claims	(602) 864-3116
Corporate Health Services (CHS) Corrected Claims	(602) 864-2249
Federal Employee Program (FEP) Corrected Claims	(602) 864-4670 or (602) 864-2031
All other BCBSAZ Corrected Claims	(602) 864-3116

Or mail this form (along with a copy of the original claim and any required documentation) to:

BCBSAZ
P.O. Box 13466
Phoenix, AZ 85002