



BlueCross BlueShield
of Alabama

BLUE CROSS AND BLUE SHIELD OF ALABAMA APPEALS

Contract Number:

Patient Name:

Claim Number:

Date of Service:

Your benefits plan provides you the right to appeal a benefit determination. **Please explain why you disagree with our benefit determination.** You may include documents that support your claim, such as physician's letter, operative reports, medical records and claim report. You may refer to your benefit booklet for complete information concerning your Appeals Rights.

Subscriber Signature

Date

IF YOU HAVE AN AUTHORIZED REPRESENTATIVE, PLEASE COMPLETE THE SECTION BELOW.

To appoint and Authorized Representative, please call 1-800-292-8868 and request the Authorized Representative form L2013011.

Name of Authorized Representative

Address

City

State

Zip

Telephone Number (including area code)

**Blue Cross and Blue Shield of Alabama
Attention: Customer Service Appeals
P.O. Box 12185
Birmingham, AL 35202-2185**