



**Billing Dispute - Provider  
Request Form**

<b>Please list each CPT per member per date of service separately.</b>			
<b>Date:</b>			
<b>Provider Information</b>			
<b>Group Name (only if appeal coming from Group):</b>		<b>Treating Provider Name:</b>	<b>Specialty:</b>
<b>Address:</b>		<b>City:</b>	<b>State:</b>
			<b>Zip Code:</b>
<b>Phone #:</b>		<b>Fax#:</b>	
<b>BCBS Provider #:</b>		<b>*National Provider Identifier (NPI):</b>	
<b>Tax ID#:</b>			
<b>Member Information</b>			
<b>Last Name:</b>		<b>First Name:</b>	<b>Date of Birth:</b>
<b>Member ID #:</b>			
<b>Claim Information</b>			
<b>Procedure Code:</b>		<b>ICD-9 Code:</b>	
<b>Date of Service:</b>		<b>Amount in dispute (the additional amount you believe you are entitled to receive):</b>	
<b>Reason for dispute (the reason you feel that you are entitled to the amount in dispute):</b>		<b>Comments:</b>	
<b>Member Information</b>			
<b>Last Name:</b>		<b>First Name:</b>	<b>Date of Birth:</b>
<b>Member ID #:</b>			
<b>Claim Information</b>			
<b>Procedure Code:</b>		<b>ICD-9 Code:</b>	
<b>Date of Service:</b>		<b>Amount in dispute (the additional amount you believe you are entitled to receive):</b>	
<b>Reason for dispute (the reason you feel that you are entitled to the amount in dispute):</b>		<b>Comments:</b>	



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<b>Member Information</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<b>Member ID #:</b>		
<b>Claim Information</b>		
<b>Procedure Code:</b>	<b>ICD-9 Code:</b>	
<b>Date of Service:</b>	<b>Amount in dispute (the additional amount you believe you are entitled to receive):</b>	
<b>Reason for dispute (the reason you feel that you are entitled to the amount in dispute):</b>	<b>Comments:</b>	
<b>Member Information</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<b>Member ID #:</b>		
<b>Claim Information</b>		
<b>Procedure Code:</b>	<b>ICD-9 Code:</b>	
<b>Date of Service:</b>	<b>Amount in dispute (the additional amount you believe you are entitled to receive):</b>	
<b>Reason for dispute (the reason you feel that you are entitled to the amount in dispute):</b>	<b>Comments:</b>	
<b>*Please note: You will be notified of your filing fee as soon as we receive your dispute. The claim cannot be reviewed until the filing fee is received.</b>	<b>Send this completed form and all supporting documentation to: MES Solutions BDRP Team 100 Morse Street Norwood, MA 02062</b>	