

**Provider Post-Service** 

## **Utilization Management Appeal**

Post Office Box 10408 • Birmingham, AL 35202-0408 Fax 1-888-321-1855

Section I: Patient Information	
Alpha Prefix Contract Number (Copy from the member's identificati	Patient Date of Birth (mm/dd/yyyy)
Patient Name	<u> </u>
First Name	Middle Initial Last Name
Section II: Provider Information	
Requesting Provider	Requesting Provider's Signature
Name	Signature
Fax	Telephone
BCBSAL Provider Number -	Provider's National Provider Identifier (NPI)
Provider Mailing Address & Office Contact Person	
Street Address or P.O. Box	
City	Zip Contact Person
Section III: Appeal Information	I
Date of Service	
Procedure Code 1	Diagnosis Code 1 ■
Date of Service	Diagnosis Code 2
Procedure Code 1	
Procedure Code 1  Procedure Code 2  -	Diagnosis Code 2
Procedure Code 1  Procedure Code 2  Claim Identification Number  Blue Cross and Blue Shield of Alabama action prompted this approximately appr	Diagnosis Code 2
Procedure Code 1  Procedure Code 2  Claim Identification Number  Blue Cross and Blue Shield of Alabama action prompted this appropriate the second prompted that appropriate the second prompted the second p	Diagnosis Code 2  peal. (Please check one)
Procedure Code 1  Procedure Code 2  Claim Identification Number  Blue Cross and Blue Shield of Alabama action prompted this appropriate the second prompted the second	Diagnosis Code 2  peal. (Please check one)
Procedure Code 1  Procedure Code 2  Claim Identification Number  Blue Cross and Blue Shield of Alabama action prompted this appropriate the second prompted the second	Diagnosis Code 2  peal. (Please check one)
Procedure Code 1  Procedure Code 2  Claim Identification Number  Blue Cross and Blue Shield of Alabama action prompted this appropriate the second prompted the second	Diagnosis Code 2  peal. (Please check one)

☐ Medical record attached