Member External Review Form

An independent licensee of the Blue Cross & Blue Shield Association

Member name: _____ Date of birth: _____

Benefit Plan Number if known: _____

Contact information of person filing request for external review:

Check one: ☐ Subscriber/Policy Holder ☐ Member ☐ Authorized Representative

If the person filing the request for external review is someone other than the Member, please submit the Authorized Representative Form with this request. On the next page, you can find further instructions under *"Who may file a request for external review?"*

Name of person completing this form: _____

Address: _____

_____

Daytime phone: _____

Email: _____

Date of service and services received for the disputed claim:

Date of service: _____

Services received: _____

Health care provider name: _____

Briefly discuss why you disagree with this decision:

Signature: _____ **Date:** _____

Mail this form, your denial notice, and the authorized representative form—if you have an authorized representative–to:

BCBSND
Attn: Member Services
4510 13th Ave. S.
Fargo, ND 58121

OR

Fax these materials to: 701.282.1888

Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.

Important Information about Your Rights to External Review

What if I need help understanding a denial?

If you need assistance in understanding this notice or our decision to deny you a service or coverage, contact Member Services by calling the phone number on the back of your BCBSND member ID card.

What if I don't agree with a denial?

For certain types of claims, you are entitled to request an independent, external review of our decision. Contact Member Services by calling the number on the back of your BCBSND member ID card with any questions regarding your right to an external review.

How do I file a request for external review?

Complete the Member External Review Form located on the BCBSND website under Members / Forms at https://www.bcbsnd.com/members/forms/. Make a copy, and mail or fax the document to BCBSND, Attn: Member Services, 4510 13th Ave. S., Fargo, ND 58121. Once your request is received, BCBSND will review the request for eligibility for external review.

What if my situation is urgent?

If your situation meets the definition of urgent under the law, the external review of your claim will be conducted as expeditiously as possible. Generally, an urgent situation is one in which your health may be in serious jeopardy, or in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. If you believe your situation is urgent, you may request an expedited external review by completing the Member External Review Form and indicating this is urgent under the Date of Service for the disputed claim.

Who may file a request for external review?

You or someone you name to act for you (your authorized representative) may file a request for external review. The authorized representative form and instructions on how to complete it are located on the BCBSND website under Members/Forms at https://www.bcbsnd.com/members/forms/.

Can I provide additional information about my claim?

Yes, once your external review is initiated, you will receive instructions on how to supply additional information.

Can I request copies of information relevant to my claim?

Yes, you may request copies (free of charge). Contact Member Services by calling the number on the back of your BCBSND member ID card.

What happens next?

If you request an external review, an independent review organization will review our decision and provide you with a written determination. If this organization decides to overturn our decision, we will provide coverage or payment for your health care item or service.