



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Mail to: BCBSND
Attn: Provider Service
4510 13th Ave S
Fargo, ND 58121

Request for Independent External Review

A provider may request an independent external review only after exhausting BCBSND's provider appeal process. Pursuant to North Dakota state law, the nonprevailing party is responsible for payment of the \$750 review fee after the final determination has been made.

Provider Name: _____ NPI: _____ Specialty: _____

Patient Name: _____ Date of Birth: _____
(Last) (First) (MM/DD/YYYY)

Benefit Plan Number: _____

Date of Service: _____

Diagnosis: _____ Procedure: _____

Claim Number: _____

Summary of appeal description:

Completed by: _____ Phone Number: _____ Date: _____