



Provider Post Service Appeal Form
(Please complete one form per patient)

An Independent Licensee of the Blue Cross and Blue Shield Association

Please Note: You are not eligible to request an appeal on pre-service matters. Only a member may appeal pre-service matters. If you wish to request a pre-service appeal on behalf of a member, you will need to follow the member appeal process and be appointed by the member as an authorized representative. The Authorized Representative Appointment form is available on Wellmark.com at:

http://www.wellmark.com/Member/UsingBenefits/Docs/C3617_PersonalRepAppt_SD.pdf

Note:

- Before submitting a post-service appeal, you must have submitted and received an answer to a provider inquiry on the claim in question.
- An appeal must be received by Wellmark within 180 days of the remittance date of the claim in question.
- To submit an appeal, complete the entire form and attach pertinent information related to the service/claim in question, such as office notes, operative report, etc. Incomplete appeal submissions will be returned unprocessed.
- Mail this form and the supporting information to:

Wellmark Blue Cross and Blue Shield of South Dakota
Provider Appeals, Station 351
PO Box 5023
Sioux Falls, SD 57117-5023
or fax to: **515-376-9103**

Required Member Information

Member ID#: _____
Member Name: _____ **Patient Name:** _____
Last First Last First

Required Claim Information

<i>List Claim Number(s) Below</i>	<i>Date(s) of Service</i>	<i>Total Charge Amount(s)</i>

Required Provider Information

Wellmark Provider#: _____ **Provider Name:** _____
Provider Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Provider Contact Person: _____ **Contact Telephone#:** _____
Provider Fax#: _____

Please provide an explanation of your appeal and attach any and all documentation that may assist us in our review. Use separate sheets if additional space is necessary. For information specific to Wellmark's Medical Policies you may search by keyword or by CPT code at: http://www.wellmark.com/e_business/provider/medical_policies/medical_policies.asp

Did you attach:	Operative Report	<input type="checkbox"/> Yes, Number of addt'l pgs. _____	<input type="checkbox"/> No
	Chart Notes	<input type="checkbox"/> Yes, Number of addt'l pgs. _____	<input type="checkbox"/> No
	Other Information	<input type="checkbox"/> Yes, Number of addt'l pgs. _____	<input type="checkbox"/> No