Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and Blue Shield Association

Provider Post Service Appeal Form

(Please complete one form per patient)

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/C5674_PersonalRepAppt_IA.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 Iowa
Provider Appeals, Station 5W190
PO Box 9232
Des Moines, Iowa 50306-9232

or fax to: **515-376-9073**

Required Member Information

Member ID#: _____

Member Name: _____ (Last First) Patient Name: _____ (Last First)

Required Claim Information

List Claim Number(s) Below	*Date(s) of Service*	*Total Charge Amount(s)*

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

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Did you attach:	**Operative Report**	☐ **Yes, Number of addt'l pgs. _____**	☐ **No**
	Chart Notes	☐ **Yes, Number of addt'l pgs. _____**	☐ **No**
	Other Information	☐ **Yes, Number of addt'l pgs. _____**	☐ **No**