



Healthy Blue



Claim Correspondence Submission Form

This form should be completed by providers for claim correspondence only.

Member information:					
Member first and last name:			Member date of birth:		
Member coverage: <input type="checkbox"/> Medicaid		Member ID:			
Provider/provider representative information:					
Provider first and last name:					
Provider street address:					
City:		State:		ZIP code:	
National Provider Identification Number:					
Select one: <input type="checkbox"/> I am a participating provider. <input type="checkbox"/> I am a nonparticipating provider.					
Provider representative: <input type="checkbox"/> Self <input type="checkbox"/> Billing agency <input type="checkbox"/> Law firm <input type="checkbox"/> Other: _____					
Representative contact name:			Contact phone:		
Representative street address:					
City:		State:		ZIP code:	
Claim information:					
Claim number:		Billed amount:		Amount received:	
Start date of service:		End date of service:		Authorization number:	

* If you have multiple claims related to the same issue, you can use one form and attach a listing of the claims with each supporting document following behind.

Claim Correspondence

Claim correspondence is defined as a request for additional/needed information in order for a claim to be considered clean, to be processed correctly or for a payment determination to be made.

To ensure timely and accurate processing of your request, please complete the section below by checking the applicable category your correspondence applies to:		
<input type="checkbox"/> Itemized bill	<input type="checkbox"/> Sterilization Consent Form	<input type="checkbox"/> Hysterectomy Consent Form
<input type="checkbox"/> Abortion Consent Form	<input type="checkbox"/> Invoice	<input type="checkbox"/> Medical records
<input type="checkbox"/> Corrected claim	<input type="checkbox"/> Other health insurance Information	
<input type="checkbox"/> ER level of payment review	<input type="checkbox"/> Other: _____	

Mail this form, a listing of claims (if applicable) and supporting documentation to:

**Healthy Blue
Claims Department
P.O. Box 61010
Virginia Beach, VA 23466-1010**

<https://provider.healthyluene.com>

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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