



Healthy Blue



Corrected Claim Form

Provider information			
Sent by:		Date sent:	
Hospital/facility/physician:		Phone number:	
NPI number:		Provider tax ID number:	
Member information			
Member name:		Date of service:	
Original claim number:		Original date of claim:	
Member ID number:		Medicaid ID number:	

Instructions: Please remember you have 180 days from the date of service to submit a corrected claim. Attach the proper documentation, including a copy of any applicable correspondence received from Healthy Blue.

After completing this form, place it on top of all documentation and mail to:

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

A copy of the claim should not be submitted with the documentation requested unless otherwise denoted by an asterisk (*).

For follow-up of a returned claim, check all that apply:
<input type="checkbox"/> Coordination of Benefits/Medicaid information <input type="checkbox"/> Corrected billing* <input type="checkbox"/> Explanation of Medical Benefits/Explanation of Benefits of primary insurance carrier <input type="checkbox"/> Hard copy of itemized bill for a previously submitted claim <input type="checkbox"/> Medical records <input type="checkbox"/> Patient eligibility verified (through Customer Service, interactive voice response or provider access) <input type="checkbox"/> Other:
To request a claim adjustment, check all that apply:
<input type="checkbox"/> Additional charges* <input type="checkbox"/> Other action required:

https://provider.healthybluene.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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State approval: 03/03/2021

HMO use only

(consult your HMO agreement if you are uncertain which choice applies):

- Eligibility guarantee claims
- Enrollment protection claims
- Noncap discrepancies
- Other:

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.