

BlueCard Appeal Form

Date: March 14, 2025



BlueCross BlueShield
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.



bluecrossvt.org

BlueCard Provider-on-Behalf-of-Member Appeal Process: This form is to be used only to appeal a confirmed denial of benefits. Please retain a copy for your records.

NOTE: timely filing cannot be appealed. DO NOT USE THIS FORM. Attach documentation supporting timely filing to a payment inquiry form and send by email to bluecard@bcbsvt.com

PROVIDER INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ NPI: _____

Person completing this form _____ Contact Information _____

Please indicate type of appeal attached:

☐ **Appealing benefit determination on behalf of member ***

Attach a copy of the claim with supporting documentation

☐ **Appeal of a pre-service denial of benefits (specify requested benefit):**

_____.

CLAIM INFORMATION

| Patient Name | Member ID Number | Date(s) of Service |
|--------------|------------------|--------------------|
| | | |

MEMBER'S SIGNATURE

Notes:

- It is recommended that you submit this form with the member's signature as most Blue Plans require it to start the appeal process.
- Some Blue Plans may require members to sign an additional form specific to their Plan before they will start the appeal process.

Signature: _____ Date: _____

Member's Signature (or Legal Guardian if applicable)

Print Name of Member (or Legal Guardian if applicable)

Completed forms can be emailed to BlueCard@bcbsvt.com or faxed to (802) 225-7698.

You will be notified of the outcome of your appeal within 30 days. To check the status of an appeal after 30 days, email BlueCard@bcbsvt.com.