



Most Commonly Used Provider Forms and Uses

Coordination of Benefits Questionnaire

- Members must fill out and return, but providers may assist members if needed
- Used to collect information from members regarding all active health insurance policies
- Used to determine the primary insurer
- Current claims may be pended until a response is received from the member

Provider Refund Form

- Used when a provider identifies an overpayment, incorrect payment, or any instance where a provider chooses to send funds back to BCBSNM
- Used to identify the member account data
- Used to reconcile funds to the correct account
- Used to voluntarily report payment irregularities and have funds automatically recouped from future claims payments

Provider Request for Appeal on Behalf of a Member

- Used to appeal a claim on the member's/patient's behalf

Provider Request for Claim Review

- Used to appeal a claim processed in error
- Used for review of a corrected claim, timely filing, pricing, code bundling, or modifiers
- Used to identify claim review correspondence sent to BCBSNM
- Should be placed on top of any correspondence and related documents submitted to BCBSNM

Request to Establish or Revise a Facility Record

- Used to create/change non-contracted facility demographic information for facilities submitting claims on behalf of BCBSNM members
- Used to submit changes such as billing address, mailing address, e-mail contact information, and telephone number for contracted facilities

Request to Establish or Revise a Provider Record

- Used to create/change non-contracted provider demographic information for providers submitting claims on behalf of BCBSNM members
- Used to submit changes such as billing address, mailing address, e-mail contact information, and telephone number for contracted professional providers

Rx Drug PrimeMail® Fax Form

- Used to assist members in requesting mail-order prescriptions from Prime Therapeutics®, LLC
- Must be faxed from the provider's office

Rx Drug Prior Authorization Form

- Used when required for prior authorization of drugs with a high potential for experimental or off-label use
- Must be faxed from the provider's office