



BlueCross BlueShield  
of New Mexico  
Appeal Request Form

**Patient Information**

Patient Name \_\_\_\_\_  
Member Identification Number \_\_\_\_\_  
Group Name and Number \_\_\_\_\_

**Case Information**

Date(s) of Service (Service from Date and Service to Date) \_\_\_\_\_  
Place of Service (Facility Name) \_\_\_\_\_  
Case Number (if applicable) \_\_\_\_\_  
Date Service/Procedure(s) non-allowed (Service Actual End Date) \_\_\_\_\_

**Physician/Facility/Provider Information**

Physician Name (Attending Provider Full Name) \_\_\_\_\_  
Facility or Provider Name \_\_\_\_\_

**Appellant Information**

Name of individual submitting appeal \_\_\_\_\_  
Signature \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Today's Date \_\_\_\_\_  
Reason for Request \_\_\_\_\_

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**If the member is not requesting this appeal, you must have the member's signature to authorize you as their representative.**

Member Signature \_\_\_\_\_

**Attach additional information, Explanation of Benefits, Notification Letter and/or medical records for the dates of service being appealed and submit to:**



## BlueCross BlueShield of New Mexico

### Appeal Information and Procedures

The member, member's designated representative or health care practitioner may submit written statements and/or other documents to be considered in the appeal process. If a health care practitioner or designated representative is submitting an appeal on the member's behalf, written authorization from the member is required unless it is an urgent care appeal.

**Expedited** or urgent care appeal requests are for urgent care or treatment. If the physician, the member, the member's authorized representative, facility or provider feel that the non-approval of the requested service will seriously jeopardize the health of the member, and the services are imminent or ongoing, the physician or the facility may request an Expedited appeal by calling Appeals Department at 1-800-205-9926. The expedited appeal will be completed based on the medical condition and no later than 72 hours of receipt of the appeal request.

**Standard** appeal requests may be submitted in writing or by phone with the following information:

- a. Member name, identification number and group number.
- b. Date(s) and place of service.
- c. Reference or claim number.
- d. Types of service/procedure requested or received.
- e. Any supporting documentation, including medical records or other information to be considered with the appeal.

The appeal process will consider all comments, documentation, medical records and other information submitted by the member, the member's designated representative and/or the healthcare provider regardless of whether such information was considered during the initial non-approval determination.

Please utilize the "Appeal Request" form for appeal submissions. This form will allow the Appeals Department to process the appeal request promptly and efficiently. Please submit request(s) to the Appeal Department at:

*Attention: Appeal Coordinator*  
Blue Cross Blue and Shield of New Mexico  
Appeals Department  
P.O. Box 27630  
Albuquerque, New Mexico 87125-7630

The appeal will be completed according to the timeframe in your benefit booklet.

Some appeals may be reviewed by a board certified practitioner of the same or similar specialty as typically manages the medical condition, procedure or treatment under review and who has not previously reviewed the case.

If the member's benefit plan is governed by ERISA, the member or the member's authorized representative may have the right to take legal action under Sec.502(a) of ERISA if the benefit decision is upheld on appeal. Also, if the benefit determination involved a rule, guideline, other criterion or a medical necessity or experimental/investigational treatment decision, a copy of the rule, guideline, criterion or a summary of the clinical rationale used in making the determination will be provided free of charge upon request.