BlueCross BlueShield of North Carolina

PO Box 2100 • Winston Salem, NC 27102-2100

Member Appeal Form

☐ Dental Blue ☐ Dental Blue Preferred ☐ Dental Blue for Individuals ☐ Dental Blue Select

A. Patient/Member Information

Name	Phone Number	Birthdate mm dd yyyy

Street Address	City	State	Zip Code

B. Subscriber/Provider Information

Primary Subscriber	Subscriber ID Number

Provider	Date of Service

Provider Phone Number	Provider Email Address

Reference Number (if available)	Date Form Submitted

You have the right to appeal...

In order to start this process, this form must be completed in its entirety, signed and dated, and submitted for review within 180 days of notification of the date of denial. Please attach copies of all documentation you may have in relation to this appeal and include any additional information that may support your appeal.

This form and information must be submitted to:

Member Rights and Appeals
Blue Cross and Blue Shield of North Carolina
PO Box 2100
Winston Salem, NC 27102-2100
Fax: 336-714-0224

In accordance with Blue Cross and Blue Shield of North Carolina policies, all information contained herein or attached is subject to review by any Blue Cross NC staff member as is appropriate.

REASON FOR APPEAL (If additional space is needed, please use the back of this form and/or attach additional sheets as needed)

Subscriber Signature _____ Date _____

REASON FOR APPEAL (Use this side for additional space and/or attach additional sheets as needed)