



Provider Dispute Submission Form

Instructions: Use this form when a claim is finalized but you disagree with the outcome.

Date of Submission _____

Member Information

Last Name First Name

Date of Birth Healthy Blue Member ID Heathy Connections Medicaid Member ID

Provider Information

Last Name First Name

Provider ID

Provider Contract Status: Participating provider Nonparticipating provider

Contact Last Name Contact First Name Phone Number

Street Address

City, State and ZIP Code

Claim Number Billed Amount (\$) Amount Received (\$)

Start Date of Service End Date of Service

Authorization Number

Please tell clearly and concisely why you disagree with the final outcome of this claim. Include supporting documents. Attach an additional sheet if needed.

To ensure timely and accurate processing of your request, please complete the following section:

Provider Dispute

The provider dispute process consists of two options: standard and urgent requests.

You can only file urgent provider dispute requests if the standard 30-calendar-day time frame could jeopardize your patient's life, health or ability to regain maximum function.

Dispute Type (check the appropriate box):

Standard

Urgent

Please tell clearly and concisely why your request is urgent. Include supporting documents. Attach additional sheet if needed.

Send this form and supporting documents to:

Healthy Blue
Provider Dispute Unit
Mail Code: AX-570
PO Box 100317
Columbia, SC 29202-3317

Fax: 803-870-6511

For questions, please call Provider Services at 866-757-8286 Monday – Friday, 8:30 a.m. – 5 p.m.

www.HealthyBlueSC.com

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To report fraud, call our confidential Fraud Hotline at 800-763-0703. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov.