



Credentialing and Reimbursement Dispute Form

This form is only to be used for review of a delay in claim reimbursement when provider credentialing is simultaneously delayed. Original claims should not be attached to the review form. Do not use this form to submit a corrected claim, review of a previously adjudicated claim or to respond to an additional information request from BCBSNM.

Forms received without the required information below will be returned to the submitter.

Submit only one form per patient.

1. Is the dispute related to Credentialing delay exceeding 30 or 45 days as applicable and claims reimbursement delay?
Yes No
2. If no, please review the additional claim review forms located at <https://www.bcbsnm.com/provider/forms/index.html>

Claim Number:

(For multiple claims provide the additional claim numbers below)

Group Number:	Prefix (3-character alpha):	Member ID Number:
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Patient Name:(Last, First)

Employer Name: (if known)

Date(s) of Service:	Total Billed Amount:
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Provider Name:	NPI:	TIN:
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Contact Person:	Phone Number:
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Date completed credentialing application was submitted:

Date credentialing decision was provided by BCBSNM:

Provide detailed information about your review request, including additional claim numbers, if applicable. Attach supporting documentation, if necessary.



Reminders

E-mail form to: NetworkAG@bcbsnm.com

- If you cannot email this form, please contact your Provider Network Representative for an alternate submission process.
- **Claim Review Requests** – If you did not receive a request for additional information but are requesting a review of a previously adjudicated claim, please use the **Claim Review Form** located at bcbsnm.com/provider.
- **Additional Information Requests**- If you received an additional information request from BCBSNM, follow the instructions provided and use that letter as the cover sheet. If you do not have the cover sheet, please use the **Additional Information Claim Form** located at bcbsnm.com/provider. Examples of additional information include, but aren't limited to: Medical Records, Operative Reports, Coordination of Benefits, Medicare Explanation of Benefits, etc.
- **Corrected Claim Requests** – Should be submitted as electronic replacement claims, or on a paper claim. form along with a Corrected Claim Review Form available on our website at bcbsnm.com/provider.