



Corrected Claim Form

This form is only to be used to make corrections to a previously adjudicated claim when you are unable to submit the corrections electronically.

Do not use this form to respond to an Additional Information request from BCBSTX.

Submit only one form per patient.

Corrected Paper Claim Form Attached

*****Inquiries received without the required information below may not be reviewed.*****

Claim Number:			(For multiple claims, provide the additional claim number below)		
Group Number:		Prefix (3 character alpha):		Member Identification Number:	
Patient Name: (Last, First)					
Date(s) of Service:			Total Billed Amount:		
Provider Name:			NPI:		
Contact Person:			Phone Number:		
Indicate the corrections requested.					
REMINDERS					
<ul style="list-style-type: none"> Mail inquiries to: Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044 Additional Information requests – If you received an Additional Information request letter from BCBSTX, 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 Form located at bcbstx.com/provider. <i>Examples of additional information include, but aren't limited to: Medical Records, Operative Reports, Coordination of Benefits, Medicare Explanation of benefits, etc.</i> 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 bcbstx.com/provider. <p>To view Claim Status online, utilize the Claim Research Tool on the Availity™ Web Portal at availity.com.</p>					

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