Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 2181
Little Rock, AR 72203-2181

Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 8069
Little Rock, AR 72203-8069

BlueAdvantage Administrators of Arkansas
An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 1460
Little Rock, AR 72203-1460

# Physician/Supplier

## ☐ CORRECTED BILL SUBMISSION FORM (must attach claim)

☐ *Diagnosis Code* ☐ *Billed Charges* ☐ *Procedure Code* ☐ *EOB Attached* ☐ *Interim/Final Bill*

## ☐ TIMELY FILING REVIEW (must attach proof of timely filing)

*This form should not be used for submitting medical information, any medical information submitted with this form will be returned.*

*Please complete and return this form to the address of the applicable health plan check below.*
*See bottom of form for important information*

Please check (√) one ☐ ABCBS ☐ BlueCard ☐ Health Advantage ☐ Blue Advantage ☐ FEP

**SECTION 1 - PROVIDER INFORMATION**

| Physician/Supplier Name | Provider NPI # | Date |
|---|---|---|
| Address | Telephone # | |
| City, State and Zip Code | Provider Contact Name | |

**SECTION 2 - PATIENT INFORMATION**

| Policyholder's Name | |
|---|---|
| Patient Name | Patient's ID *(Please include alpha prefix)* |
| Address | City, State and Zip Code |

**SECTION 3 - ORIGINAL CLAIM INFORMATION**

| Date of Service on Original Claim | Original Claim # | Total Charges on Original Claim $ |
|---|---|---|
| | SCCF # | |

**SECTION 4 - CORRECTED CLAIM INFORMATION**

| Date of Service on Corrected Claim | Total Charges on Corrected Claim $ |
|---|---|
| Reason for Submission | |
| | |
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| | |
| | |
| | |
| Provider Contact Signature | |

Please Note: Claims which have been rejected/returned as UNPROCESSABLE (due to claims filing, eligibility or coding issues) or for which no claim number has been assigned, are not subject to Corrected Billing. Those claims should be filed as original claims and should not have this form attached.

Clear Form