



Fax to: (701) 277-2132
Mail to: BCBSND
Attn: Provider Service
4510 13th Ave S
Fargo, ND 58121

Medical Records Requested for Review

BCBSND may request medical records to assist in the processing and payment of a submitted claim that has been denied or pended for medical review. When submitting medical records for this purpose, include the following:

1. This cover sheet.
2. BCBSND's original request for medical records.
3. All of the medical records requested.
4. All claim numbers that have been denied as needing medical information.

To request adjustments to previously submitted claims, use the Institutional or Professional Claim Adjustment form.

Provider Name: _____ NPI: _____

Patient Name: _____ Date of Birth: _____
(Last) (First) (MM/DD/YYYY)

Benefit Plan Number: _____

Patient Account Number: _____

Claim Number(s): _____ ☐ Institutional ☐ Professional

Date(s) of Service: _____

Completed by: _____ Phone Number: _____ Date: _____