



Provider Appeal Request Form for Utilization Management Denials

If Anthem Blue Cross and Blue Shield Healthcare Solutions has rendered an adverse determination for either an administrative or medical necessity reason, you can appeal the decision. You must file an appeal within 60 calendar days from the date on the denial letter. We will send you an acknowledgement letter within five calendar days of receipt of your appeal request. We will respond to you within 30 calendar days with our decision.

If you need assistance, please call Provider Services at **844-396-2330**. You can call Monday through Friday from 8 a.m. to 5 p.m. PT.

Date: _____

Member name: _____ Member ID number: _____

Reference number: _____ Date of service: _____

Provider name: _____ NPI: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact name: _____ Phone: _____

Services that were denied: _____

Provide explanation as to why the denial should be overturned. Attach relevant medical documentation to support your case: _____

Send this form to: Anthem Blue Cross and Blue Shield Healthcare Solutions
Appeals Department
P.O. Box 62429
Virginia Beach, VA 23466-2429

<https://providers.anthem.com/nv>