Billing Dispute - Provider Request Form

Please list each CPT per member per date of service separately.			
Date:			
Provider Information			
Group Name (only if appeal coming from Group):	**Treating Provider Name:**		**Specialty:**
Address:	**City:**	**State:**	**Zip Code:**
Phone #:	**Fax#:**		
BCBS Provider #:	***National Provider Identifier (NPI):**		
Tax ID#:			
Member Information			
Last Name:	**First Name:**	**Date of Birth:**	
Member ID #:			
Claim Information			
Procedure Code:	**ICD-9 Code:**		
Date of Service:	**Amount in dispute (the additional amount you believe you are entitled to receive):**		
Reason for dispute (the reason you feel that you are entitled to the amount in dispute):	**Comments:**		
Member Information			
Last Name:	**First Name:**	**Date of Birth:**	
Member ID #:			
Claim Information			
Procedure Code:	**ICD-9 Code:**		
Date of Service:	**Amount in dispute (the additional amount you believe you are entitled to receive):**		
Reason for dispute (the reason you feel that you are entitled to the amount in dispute):	**Comments:**		

MES Solutions
100 Morse Street, Norwood
Massachusetts 02062
Phone: 1-800-437-8583 Fax: 1-888-868-2087

Billing Dispute - Provider Request Form

Member Information		
Last Name:	**First Name:**	**Date of Birth:**
Member ID #:		
Claim Information		
Procedure Code:	**ICD-9 Code:**	
Date of Service:	**Amount in dispute (the additional amount you believe you are entitled to receive):**	
Reason for dispute (the reason you feel that you are entitled to the amount in dispute):	**Comments:**	
Member Information		
Last Name:	**First Name:**	**Date of Birth:**
Member ID #:		
Claim Information		
Procedure Code:	**ICD-9 Code:**	
Date of Service:	**Amount in dispute (the additional amount you believe you are entitled to receive):**	
Reason for dispute (the reason you feel that you are entitled to the amount in dispute):	**Comments:**	
***Please note: You will be notified of your filing fee as soon as we receive your dispute. The claim cannot be reviewed until the filing fee is received.**	**Send this completed form and all supporting documentation to:** **MES Solutions** **BDRP Team** **100 Morse Street** **Norwood, MA 02062**	