

Your Claim Appeal Rights and Appeal Form



Section 1 – Your Claim Appeal Rights

If you receive your health benefits coverage through an employer-sponsored plan and your employer is not a governmental entity or religious organization, your claim appeal rights are likely governed by the Employee Retirement Income Security Act (ERISA). If you receive your health benefits coverage through any other arrangement, you have the same appeal rights as a matter of other Federal and/or State laws.

Blue Cross and Blue Shield of Kansas (BCBSKS) must receive your appeal within 180 days of the adverse decision. BCBSKS must make

an appeal determination within 15 days (pre-service claim), 30 days (post service claim) or 72 hours (urgent care claim) of receiving your written appeal.

If you are covered by a health plan subject to ERISA, you have the right to pursue judicial review in federal or state court under Section 502(a) of ERISA only after exhausting the above appeal procedures. This exhaustion requirement also applies to non-ERISA coverage and plans, i.e. you must complete all applicable appeals prior to initiating any legal action concerning the denial of your claim.

Section 2 – Appeal Form

To appeal a claim that has been denied in whole or in part, you must complete the following:

1. Patient name and service(s) being appealed:

2. Provide the applicable precertification, inquiry or claim control numbers related to the denied service:

3. Tell us why you disagree with the denial (attach any documents you want to be considered with your appeal):

4. You have the right to documents, free of charge, used in making the claim determination including any guidelines or rules referred to in the denial. Please list the specific document(s) you want:

5. If you have authorized someone else to make this appeal on your behalf, you must give us the following information:

Name of Authorized Person

Street Address for Mailing Notices

City

State ZIP Code +4

(____) _____ - _____ (____) _____ - _____
Phone Number Fax Number

Email Address

Your signature required

Patient/Parent of Minor Child/Guardian of Patient

____/____/____
Date Signed

Identification Number

(____) _____ - _____
Phone Number

Email Address

Mail your appeal to:

Blue Cross and Blue Shield of Kansas
1133 SW Topeka Blvd., Topeka, KS 66629

If you have questions about your claim or the appeals process, please call: BCBSKS Customer Service Center: (800) 432-3990

Esta correspondencia está disponible en español, llame por favor el centro del servicio de atención al cliente.

Applicable to administrative services only groups: BCBSKS provides administrative claims payments only and does not assume

any financial risk or obligation with respect to claims. This applies to you if you have a Benefit Description.

Other consumer resources:

Kansas Insurance Department – Consumer Assistance Division
1300 SW Arrowhead Road, Topeka, KS 66604
Phone: (785) 296-3071 – Toll Free: (800) 432-2484
Email: kid.commissioner@ks.gov
Website: insurance.kansas.gov

Employee Benefits Security Administration (EBSA) may be contacted at 1-866-444-EBSA (3272) or askebsa.dol.gov.