

Claim Correspondence — Submission Form

This form should be completed by providers for claim correspondence only.

Member information:

Member first/last name:	Member DOB:
Member coverage: <input type="checkbox"/> Medicaid	Member ID:

Provider/provider representative information:

Provider first/last name:			
Provider street address:			
City:	State:	ZIP code:	Phone:
National provider identification number:			
Select one:	<input type="checkbox"/> I am a participating provider.		<input type="checkbox"/> I am a nonparticipating provider.
Provider representative:	<input type="checkbox"/> Self	<input type="checkbox"/> Billing agency	<input type="checkbox"/> Law firm <input type="checkbox"/> Other:
Representative contact name:		Contact phone:	
Representative street address:			
City:	State:	ZIP code:	

Claim information:

Claim number:	Billed amount: \$	Amount received: \$
Start date of service:	End date of service:	Authorization number:

* If you have multiple claims related to the same issue, you can use one form and attach a listing of the claims with each supporting document following behind.

Claim correspondence

Claim correspondence is defined as a request for additional/needed information in order for a claim to be considered clean, to be processed correctly or for a payment determination to be made.

To ensure timely and accurate processing of your request, please complete the section below by checking the applicable category your correspondence applies to:

<input type="checkbox"/> <i>Abortion Consent Form</i>	<input type="checkbox"/> <i>Hysterectomy Consent Form</i>	<input type="checkbox"/> Medical records
<input type="checkbox"/> Corrected claim	<input type="checkbox"/> Invoice	<input type="checkbox"/> Other health insurance information
<input type="checkbox"/> ER level of payment review	<input type="checkbox"/> Itemized bill	<input type="checkbox"/> <i>Sterilization Consent Form</i>
<input type="checkbox"/> Other:		

Mail this form, a listing of claims (if applicable) and supporting documentation to:

Healthy Blue
Claims Department
P.O. Box 61010
Virginia Beach, VA 23466-1010

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

BMOPEC-0529-21 February 2021