



An Independent Licensee of the Blue Cross and Blue Shield Association

BCBSAZ Corrected Claim Form

If you are not able to submit your corrected claim electronically, this form must be completed and included with your request, along with a copy of the original claim. Requests sent without a completed form will be returned.

1. Provide the following information:

Today's Date	Member Name
Provider Name	Member ID
Provider NPI/TIN	BCBSAZ Claim #
Provider Fax #	Patient ID #
Provider Phone #	Group # (CHS only)

2. Identify the information being changed and briefly explain why it is necessary:

3. Attach a copy of the original claim, showing the correction. Note: Do not send medical records.

4. Submit this form (along with a copy of the original claim) by fax to:

BlueCard (out-of-state Blue plan) Corrected Claims 602-864-3116

Corporate Health Services (CHS) Corrected Claims 602-864-2249

Federal Employee Program (FEP) Corrected Claims 602-864-4670 or 602-864-2031
Note: ID number begins with "R" followed by 8 numeric characters.

All other BCBSAZ Corrected Claims 602-864-3116

Or mail this form (along with a copy of the original claim) to:

**BCBSAZ
P.O. Box 13466
Phoenix, AZ 85002**

Thank you!