

Provider Independent External Review Request



ND

A provider may request an independent external review only after exhausting BCBSND's provider appeal process. Pursuant to North Dakota state law, the non-prevailing party is responsible for payment of the \$750 review fee after the final determination has been made.

Return this form, your denial notice and the authorized representative form *(if you have an authorized representative)* by:

- Mail: BCBSND
PO Box 1570
Fargo, ND 58107-1570
- Fax: 701-277-2209

Member Information		
Provider Name		
NPI	Specialty	
Patient First Name	Patient Last Name	Date of Birth (MM/DD/YYYY)
Member ID	Date of Service	Diagnosis
Procedure		Claim Number
Summary of Appeal Description		
Completed by	Phone Number	Date (MM/DD/YYYY)
Signature		Date (MM/DD/YYYY)

Be certain to keep copies of this form, your denial notice and all documents and correspondence related to this claim.