Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association
P.O. Box 2181
Little Rock, AR 72203-2181

Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association
P.O. Box 8069
Little Rock, AR 72203-8069

BlueAdvantage Administrators of Arkansas
An Independent Licensee of the Blue Cross and Blue Shield Association
P.O. Box 1460
Little Rock, AR 72203-1460

Physician/Supplier

☐ CORRECTED BILL SUBMISSION FORM (must attach claim)

☐ *Diagnosis Code* ☐ *Billed Charges* ☐ *Procedure Code* ☐ *EOB Attached* ☐ *Interim/Final Bill*

☐ TIMELY FILING REVIEW (must attach proof of timely filing)

This form should not be used for submitting medical information, any medical information submitted with this form will be returned.

Please complete and return this form to the address of the applicable health plan check below.
See bottom of form for important information

Please check (√) one ☐ ABCBS ☐ BlueCard ☐ Health Advantage ☐ Blue Advantage ☐ FEP

SECTION 1 - PROVIDER INFORMATION

Physician/Supplier Name	Provider NPI #	Date
Address	Telephone #	
City, State and Zip Code	Provider Contact Name	

SECTION 2 - PATIENT INFORMATION

Policyholder's Name	
Patient Name	Patient's ID *(Please include alpha prefix)*
Address	City, State and Zip Code

SECTION 3 - ORIGINAL CLAIM INFORMATION

Date of Service on Original Claim	Original Claim #	Total Charges on Original Claim $
	SCCF #	

SECTION 4 - CORRECTED CLAIM INFORMATION

Date of Service on Corrected Claim	Total Charges on Corrected Claim $
Reason for Submission	
Provider Contact Signature	

Please Note: Claims which have been rejected/returned as UNPROCESSABLE (due to claims filing, eligibility or coding issues) or for which no claim number has been assigned, are not subject to Corrected Billing. Those claims should be filed as original claims and should not have this form attached.

Clear Form