

Provider Inquiry Form



Fax to: 218-740-4618
 Provider Services: 800-584-9488

One inquiry per form please or attach a separate sheet
 Please allow 30 days before checking payment status

Today's date: _____ Provider #: _____ Provider name: _____
 (Business name)

Your name: _____ Your phone: (_____) _____ Fax: (_____) _____

First Plan subscriber ID #	Patient name	Subscriber name
Group #	Billed charge	Service date(s)

Status Check	<input type="checkbox"/> Status check	First Plan response: <input type="checkbox"/> No claim on file
		Claim #: _____ <input type="checkbox"/> Rejected <input type="checkbox"/> Pended
		Approved Date _____ Reason _____
		Paid Date _____
		Check # _____

Adjustment Request	Your adjustment request (check one) Claim # _____
	<input type="checkbox"/> Service should not have been billed because: _____
	<input type="checkbox"/> Not our patient: _____
	<input type="checkbox"/> Wrong Patient/ID# requesting recoup and provider to rebill electronically or on paper with corrected claim
	<input type="checkbox"/> Overpayment/underpayment (include EOB's) ___ Other carrier paid ___ Workers' Compensation related ___ Medicare paid ___ No fault auto paid
	<input type="checkbox"/> Other: _____
	Your patient acct # (opt.): _____

First Plan Response	First Plan response if unable to complete adjustment as requested:
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Provider Inquiry Form



Instructions

The Provider Inquiry Form fax form is designed for providers to fax in their inquiries to First Plan of Minnesota. The inquiries can be an adjustment request or claim status request. All inquiries will be responded to within 7 business days.

The general instructions are listed below. Please submit only one inquiry per page and fax to 218-740-4618. All the fields are required to be completed, except the field titled "Your patient acct #," which is optional.

Field	Description	
Today's date	Date you are faxing the inquiry.	
Provider #	Your Blue Cross contracting provider number.	
Provider name	Contracting provider business name.	
Your name	Name of the person we are to respond to.	
Your phone	Phone number of the contact person at your office.	
Fax	Fax number we are to fax this inquiry back to when necessary.	
Adjustment request	Check if you are requesting a claim to be adjusted.	
First Plan subscriber ID#	First Plan subscriber ID number. Make sure to include any appropriate alpha prefix.	
Patient name	Patient's name. It may be different than the subscriber's name.	
Subscriber name	Subscriber's name that holds the contract.	
Group #	The account/group number as it appears on the ID card.	
Billed charge	Total billed charge. Not just the amount left to pay if another carrier paid primary.	
Service date(s)	All date(s) of service for the claim in question.	
Status check	Check if verifying the status of a claim. Please wait 30 days from the date you submitted the claim to us before checking on the status.	
Adjustment Request	Your adjustment request (check one)	If requesting an adjustment check the reason for the adjustment and give detailed information when necessary.
	Claim #	The claim number as it appears on your Provider Remittance. A copy of the remittance is not necessary.
	Service should not have been billed because:	Check here if requesting us to recoup this payment because it should not have billed. Be sure to explain why it should not have been billed.
	Not our patient	Check here if this is not your patient.
	Wrong Patient/ID#	Check here if this claim was processed under the wrong patient name or subscriber ID#. Indicate the correct ID#. Requesting recoup and provider to rebill electronically or on paper with corrected claim.
	Overpayment/underpayment	Check here if requesting an adjustment due to over/under payment. Please be specific. Other carrier paid (include EOB) Medicare paid (include EOMB) No fault auto paid Workers' Compensation related
Other:	Check here if requesting an adjustment for any other reason. Please be specific.	
First Plan response	Your adjusted claim on your Provider Remittance will be our response to you. We will generally not respond if we are able to complete the adjustment inquiry as requested.	