



Please attach a copy of the claim or remittance advice. Inquiries are accepted 30 or more days from original submission date. Due to timely filing constraints, adjustments will not be made more than 1 year from the original paid date.

To comply with Missouri Prompt Pay Statutes 376.383 and 376.384, indicate if you are responding to a request for additional information from Blue KC.

Yes No

Provider Name, Telephone, Practitioner Number, Fax to Attn, Group / Facility Number, Provider Fax Number, Group Name, Date of Service, Patient Name, Total Charges, ID Number, Original Claim Number, Policyholder's Name, Corrected Claim, Overpayment, Questioning Allowable, Member Plan Name, Billing Code, Expected Reimbursement, Other, Completed by, Date

All supporting documentation must clearly identify the patient's name, policyholder's ID #, and date of service.

Reserved for Blue KC response

Respondent's Name Inquiry / Worksheet Number Date

Please fax this form to: Local HMO / PPO: 816-395-3959 Blue Card: 816-278-1924 FEP: 816-395-3811