



**Independence  
Blue Cross**

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## PHYSICIAN CLAIM INQUIRY FORM

Check here for inquiry type:  Amount of Payment Questioned  Rejection Questioned

Please follow these instructions carefully to ensure that your request is handled promptly and accurately.  
**Please mail completed form, Statement of Remittance, and supporting documentation to:**

**IBC Claims Inquiry  
P.O. Box 7930  
Philadelphia, PA 19101-7930**

Member's Plan:  Personal Choice® PPO  KHPE HMO  KS65/PC65  Other: \_\_\_\_\_

Practice Name			Provider Number
Street Address			Name of Contact Person
City	State	Zip	Telephone Number (    )
Member Name			Patient's Name
Member ID			Check Number
Claim Number			Date of Check or Explanation
Date of Service			Place of Service

*Detailed Inquiry Reason:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have any questions, please contact Provider Services. Thank You.  
HMO: 1-800-227-3119 PPO: 1-800-332-2566 Hours M-F 8AM - 5:30PM**

*IBC maintains processes to address and resolve provider inquiries and provider complaints related to the adjustment of claims. If you would like us to investigate the way IBC has processed a particular claim, please complete this form and send it to us, along with the statement of remittance and any supporting documentation to the address listed above.*

*We will investigate your claims-related issue, process any required adjustments, or send you a written resolution letter detailing the processing of the claim. If you are dissatisfied with the results of our investigation you may file a provider appeal. Instructions for filing an appeal will be provided in the resolution letter. You may also access our appeals process by following the instructions for appealing a claims determination posted on IBC's website, [www.ibx.com/providers/](http://www.ibx.com/providers/).*

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

**RETURN WITH REMITTANCE**

