



REQUEST FOR APPEAL / EXTERNAL REVIEW

- 1) Are you submitting a request for appeal or an external review?
2) Subscriber's name:
3) Subscriber's Highmark Blue Cross Blue Shield Delaware (Highmark DE) ID number:
4) Subscriber's address:
5) Subscriber's daytime phone number:
6) Patient's name:
7) Provider(s) of service (doctors, labs, hospitals):
8) Claim number (if known):
9) Date(s) of service:
10) Reason for appeal/external review.

PLEASE SIGN AND DATE BELOW.

Please sign your name: Date:
Please print your name: Date:

Thank you for completing this form. Please submit this request to the mailing address listed below. If you have any questions, please contact Highmark DE Customer Service using the information provided below.

Highmark DE Customer Service Contact Information

Phone: 800-633-2563

Mail (for member appeals only): Highmark Blue Cross Blue Shield Delaware, P.O. Box 8832, Wilmington, DE 19899-8832

Online Customer Self-Service: highmarkbcbsde.com