



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Request for a paper remittance copy

Non-participating providers and dentists

Please return this completed form to:
Blue Cross Blue Shield of Massachusetts
Electronic/Paper Intake Team
PO Box 986065
Boston, MA 02298

This form can only be used by **non-participating providers and dentists** to request a duplicate paper copy of a Provider Detail Advisory (PDA) or a Provider Payment Advisory (PPA). All other providers are required to get an electronic copy of a PDA or PPA using PaySpan at payspanhealth.com (registration is required).

Today's date: _____

Requester's Information (Please print or stamp name and address)	
Name & job position*:	
Fax number*:	
Email address*:	
Telephone number*:	

Provider's Name (Please print or stamp billing providers name and site address)			
Provider's name*:		Billing Provider's National Provider Identifier (NPI)*:	

Member Information					
Member name*:		Member ID (include alpha prefix)*:			
Date of service*:		Claim number*:		Billing amount:	

Reason for Request – please check one

- Never Received
 Request for 3rd Party Submission
 Duplicate
 Other

Our Response to Your Request	
If your request is:	Then:
Approved <input type="checkbox"/>	A copy will be mailed to the provider site address listed on our provider file within 14 days.
Denied <input type="checkbox"/>	You will need to contact Provider Enrollment at 1-800-316-2583 for information on how to submit an address change. (The site address you provided is different from what we have on our provider file). Additionally, you may receive a letter as your response if we cannot complete your request.
Incomplete <input type="checkbox"/>	The form will be returned to you for completion.

* Required field