



Ashe Center Tel: 310/825-4073 FAX: 310/206-1651 Email: SHSINS@ashe.ucla.edu Website: www.studenthealth.ucla.edu

RETROACTIVE REFERRAL APPEAL REQUEST FORM FOR MEDICAL CLAIMS – ANTHEM BLUE CROSS CLAIMS ONLY

FOR CONSIDERATION, YOU MUST FILE YOUR APPEAL WITHIN ONE (1) YEAR OF THE REQUESTED DATE OF SERVICE.

REQUESTS MUST BE MADE BY THE INSURED STUDENT ONLY.

A.

Student Information

UCLA Bruin ID #: _____ Anthem Blue Cross Medical ID: # XDP _____

Student Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth : ____/____/____ Email Address: _____

Permanent Address: _____ City: _____ State: ____ Zip Code: _____

Outside Provider Information (please write clearly and use separate piece of paper for more than one provider)

Provider Name: _____

Provider Address: _____ City: _____ State: ____ Zip Code: _____

Provider Telephone #: _____ Provider Fax #: _____

Date(s) treated without referral: _____ Type of Service Provided (ex. office visit, lab): _____

Medical Reason for Visit (ex. Appendix, Rheumatoid Arthritis, etc): _____

B.

If your referral has expired within the last three months, you only need to 1.) Complete Section A 2.) Explain the following questions either on the back of this form or on a separate sheet of paper and 3.) Read/sign Section C:

- a) The reason you sought services without a referral
b) If it was an injury/accident, please provide details of how the injury occurred and what medical services were rendered

If you never obtained a referral for the condition, please also include either one of the two documents listed below so that your request is properly reviewed:

- a) Anthem Blue Cross notice of Denial of Payment or EOB (Explanation of Benefits) or
b) Itemized bill listing diagnosis and services rendered

If you have never obtained a referral for the condition, missing or additional information maybe required and requested which will delay the process.

C.

- Please ensure proper billing by the provider to Anthem. It is your responsibility to contact the provider's billing office or collections to advise them your claim is in review and to request an extension of due date. We cannot expedite based on bill's due date.
Please note that submitting a request does not guarantee payment. The Retroactive Referral request process at the Ashe Insurance Office can take 30-45 days for review. If your request is approved, it is sent to Anthem and additional time will be required for claims processing. All claims are processed according to policy benefit.

Student Signature (Parent or Guardian if student is a minor): _____ Date: _____

FOR OFFICE USE: Reviewed by: _____ Approved: _____ Denied _____