

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Supporting Documentation Routing Form - for pending claims only

Instructions

- **Use this form**
 - ☐ To submit required documentation to substantiate payment on a **pending claim** and you have NOT received a medical records request letter from Wellmark Advantage Health Plan.
- **Do not use this form**
 - ☐ If you have received medical records request letter from Wellmark Advantage Health Plan; follow the instructions on the request letter.
 - ☐ To submit claim payment disputes or appeals; refer to the Provider Manual for instructions.
- Fill in all fields for proper routing; incomplete forms will not be processed.
- Attach all documentation to support the claim, including but not limited to physician notes, medical records, lab records etc

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Provider information:

Name of Provider of Services:	
Rendering NPI #:	Billing NPI #:
Provider Tax ID #:	
Submitter Name:	Submitter Phone #:

Claim information:

Claim Number: (if multiple claims, list in comment section)

Date of Service:

Billed Charges: Review Procedure code(s):

Member information:

Member First Name:	Member Last Name:	Member Date of Birth: MM/DD/YYYY
Subscriber ID#: (include all characters/prefix):		

Comments:

(Type up to 1000 characters):

Type of correspondence attached: ☐ Medical Records ☐ Other (explain in first line in comments)