



# WYOMING

# NO SURPRISES PRICE NEGOTIATION REQUEST FORM

An independent licensee of the Blue Cross and Blue Shield Association

Rendering Provider NPI \_\_\_\_\_

Provider Name \_\_\_\_\_

Subscriber ID \_\_\_\_\_

Patient Name \_\_\_\_\_

Admission From Date \_\_\_\_\_

Admission Through Date \_\_\_\_\_

Claim # \_\_\_\_\_

Claim Total \_\_\_\_\_

### Contact Information Required

Name:				
Address:				
City:		Zip:		State:

### Requests

Claim Line Number		Claim Line Number	
Charge		Charge	
Original Payment		Original Payment	
Requested Payment		Requested Payment	
<i>Justification</i>		<i>Justification</i>	
Service Date		Service Date	
Procedure or Revenue Code		Procedure or Revenue Code	
Modifier		Modifier	
Claim Line Number		Claim Line Number	
Charge		Charge	
Original Payment		Original Payment	
Requested Payment		Requested Payment	
<i>Justification</i>		<i>Justification</i>	
Service Date		Service Date	
Procedure or Revenue Code		Procedure or Revenue Code	
Modifier		Modifier	

### Form Submission Instructions:

1. Please digitally fill form and submit to Availity at [www.availity.com](http://www.availity.com).
2. Once in, go to **Attachments – New** – under the *Claims & Payments* tab.
3. From the **Attachments Dashboard** click the **Send Attachment** button.
4. **Select your organization** and **BCBSWY as the Payer**.
5. Then **enter your NPI or TIN and your organization name** and then **enter the patient information**.
6. Next **enter Patient Account Number** (this can be any number used by

- your organization to identify the patient). **Click the “Generate” button.** The “Generate” button creates a random document number necessary to upload documents.
7. **Complete the required claim number and service date boxes.**
  8. **Attach your documents then click send attachments.**
  9. If you do not have an account on the Availity portal, please fax form and documentation to 307-634-5742.