



INTERNAL APPEAL REQUEST FORM

Patient Information

Patient Name: Sandra Barrios
Member Identification Number: T2S837709775
Group Name and Number: 385000

Case Information

Date(s) of Service (Service from Date and Service to Date): 10/25/23 - 01/23/24
Place of Service (Facility Name): TLC Surgical center
Request ID (if applicable): U23298ANDE
Date Service/Procedure(s) non-allowed (Service Actual End Date): _____

Physician/Facility/Provider Information

Physician Name (Attending Provider Full Name): Jaime Schwartz, MD
Facility or Provider Name: TLC Surgical Center

Appellant Information

Name of person submitting appeal: Jae Arellano
Phone Number: (310) 882-5454 Today's Date: 12/5/23
Relationship to Patient: Provider Office
Reason for Request: Denial - "in-network providers"

Please see attached

An appeal may be submitted in writing, online or by phone. The return of this form is not required to request an appeal.

- To request an appeal by phone, call the toll-free phone number below
- To send a secure email using our Message Center, log into Blue Access for MembersSM (BAMSM) at bcbstx.com
- To request an appeal in writing, attach additional information, Explanation of Benefits, Notification Letter and/or medical records for the dates of service being appealed and submit this form to:

Appeal Coordinator
Blue Cross and Blue Shield of Texas
PO Box 660044
Dallas, TX 75266-0044

Phone: 888-697-0683 (TTY/TDD: 711)
Fax: 888-235-2936