

**BCBSAZ Health Choice Arizona, Inc.**  
PO Box 52033  
Phoenix, AZ 85072-2033



**Health Choice**

IF you have any questions  
Please call 1 (800) 322-8670

[REDACTED]

ACCESS THE BCBSAZ HEALTH CHOICE SECURE PROVIDER PORTAL AT [HTTPS://WWW.AZBLUE.COM/HEALTH-CHOICE-AZ](https://www.azblue.com/health-choice-az), UNDER THE "PROVIDER" SECTION OF OUR WEBSITE, TO GET UP TO DATE INFORMATION AND CLAIMS/AUTHORIZATION STATUS.

Invoice #: [REDACTED]  
Check No: [REDACTED]  
Provider TIN: [REDACTED]  
Provider ID #: [REDACTED]  
Payee NPI #: [REDACTED]  
Date: [REDACTED]

Service Dates From	Service Dates To	Service Code	POS	# Units	Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-Pay Amount	Withhold Amount	Paid Amount	Adjustment-Reason/code
Member: [REDACTED]		Member #: [REDACTED]		Claim #: [REDACTED]		Provider: [REDACTED]		Account No: [REDACTED]		Plan: [REDACTED]		Rendering NPI #: [REDACTED]	
10/8/2024-10/8/2024		88112	81	1	278.25	0.00	278.25	0.00	0.00	0.00	0.00	0.00	[REDACTED]
<b>Claim Totals:</b>					278.25	0.00	278.25	0.00	0.00	0.00	0.00	0.00	

Amount Billed	Excluded/Deductible	Not Allowed	Allowed Amount	C.O.B. Insurance	Co-Pay Amount	Withhold Amount	Total Paid Amount
278.25	0.00	278.25	0.00	0.00	0.00	0.00	0.00

**Statement Totals:**



Health Choice

<b>Invoice #:</b>	[REDACTED]
<b>Check No:</b>	[REDACTED]
<b>Provider TIN:</b>	[REDACTED]
<b>Provider ID #:</b>	[REDACTED]
<b>Payee NPI #:</b>	[REDACTED]
<b>Date:</b>	[REDACTED]

**Adjustment-Reason/code Descriptions**

In accordance with A.R.S. §36-2904 (G) and A.A.C. R9-22-705 (B), re-submission of a claim processed for any reason other than timeliness of submission must be received within twelve (12) months from the last date of service, or the date of eligibility posting, whichever is later, with the appropriate corrections or documentation. Claims that do not achieve a clean claim status within twelve (12) months from the date of service or date of eligibility posting, whichever is later, will be denied. Mail Claim Re-submissions to: Health Choice Arizona; Attn: Claims Department; PO Box 52033; Phoenix, AZ 85072-2033.

If you disagree with a decision made on your claim, you can file a Claim Dispute. In accordance with A.R.S. § 36-2903.01 (B)(4) and A.A.C. R9-34-405 (A), claim disputes challenging claim payments, denials or recoupments must be filed in writing no later than twelve (12) months from the date of service, twelve (12) months from the date of eligibility posting or within sixty (60) days after the date of payment, denial, or recoupment, whichever is later. Untimely disputes will be denied as untimely and Health Choice Arizona will not address the merits of the dispute. Mail Claim Disputes to: Health Choice Arizona; Attn: Claim Dispute Department; 8220 N. 23rd Ave Phoenix, AZ 85021.

Additional information regarding Claim Re-submissions and Claim Disputes can be located on our website at: <https://www.azblue.com/health-choice-az> in our Provider Manual, Chapter 12 Correcting Claim Errors and Chapter 15 Claim Disputes, Member Appeals and Member Grievances. Or, you may contact Health Choice Arizona at 1 (800) 322-8670.

Arizona law (A.R.S.) §36-2903.01 (K) prohibits providers from billing AHCCCS members for AHCCCS-covered services, unless a reimbursement arrangement, such as an ABN, has been agreed upon prior to the service being rendered.