

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



**Health
Choice**

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



ADDITIONAL INFORMATION REGARDING CLAIM
RESUBMISSIONS AND CLAIM DISPUTES CAN BE FOUND ON
OUR WEBSITE AT: [HTTPS://WWW.AZBLUE.COM/ACA-
STANDARDHEALTH-HEALTH-CHOICE](https://www.azblue.com/aca-standardhealth-health-choice) IN
OUR PROVIDER MANUAL . OR, YOU MAY CONTACT ACA
STANDARD HEALTH WITH HEALTH CHOICE AT 1 (800)
322-8670.

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

Service Dates From To	Service Code	# Units	Amount Billed	Allowed Amount	C.O.B. Insurance	Paid Amount	Patient Responsibility	Adjustment-Reason/code
Member: [REDACTED]			Member #: [REDACTED]			Claim #: [REDACTED]		
Provider: [REDACTED]			Account No: [REDACTED]			Plan: [REDACTED]		
Rendering NPI #: [REDACTED]			Received Date: [REDACTED]			Paid DRG : [REDACTED]		
10/1/2024-10/1/2024	99204	1	295.00	0.00	0.00	0.00	0.00	14
Claim Totals:			295.00	0.00	0.00	0.00	0.00	

Amount Billed	Allowed Amount	C.O.B. Insurance	Paid Amount	Patient Responsibility	Total Paid Amount
295.00	0.00	0.00	0.00	0.00	0.00

Statement Totals:



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

Adjustment-Reason/code Descriptions

14 DENIED-THIS SERVICE REQUIRES PRIOR AUTHORIZATION

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. Claims that do not achieve a clean claim status within twelve (12) months from the date of service will be denied. Mail Claim Re-submissions to: ACA Standard Health with Health Choice; 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 your provider contract, claim disputes challenging claim payments, denials or recoupments must be filed in writing no later than twelve (12) months from the date of service or within sixty (60) days after the date of payment, denial, or recoupment, whichever is later. Mail Claim Disputes to: ACA Standard Health with Health Choice; Attn: Claim Dispute Department; 8220 N. 23rd Ave Phoenix, AZ 85021.