BlueCross BlueShield of Tennessee
801 Pine Street
Chattanooga, Tennessee 37402-2555
www.bcbst.com

Provider Dispute Form

-- Confidential --

I wish to submit the following dispute in accordance with the Provider Dispute Resolution Procedure:

- ☐ **Level 1 Inquiry - Attention: Customer Service**
- ☐ **Level 2 Appeal - I have submitted this dispute through the Inquiry Level of the procedure and am dissatisfied with the response. *(Please attach a copy of the response received from the Customer Service Inquiry if applicable.)***

Date	Provider Name
Provider No.	Patient Name
Provider Contact	Member ID No.
Provider Fax No.	Date of Service
Provider Telephone No.	Claim No./Decision/Issue Disputed

When submitting your dispute in accordance with the Inquiry or Appeal level of the procedure, please indicate a detailed reason for your dispute. If applicable, please include all pertinent information including prior correspondence, medical records and all documentation you wish to have considered in the final determination of your dispute. (You may also use the back of this form if necessary.) Please return this completed form along with the requested documentation to:

For Commercial Members
Mail Level 1 Inquiry to:
Attn: Customer Service
BlueCross BlueShield of TN
P. O. Box 180150
Chattanooga, TN 37401

For BlueAdvantage or BlueAdvantage*Plus* Members
Mail Level 1 Inquiry to:
Attn: BlueAdvantage Customer Service
BlueCross BlueShield of TN
P.O. Box 180205
Chattanooga, TN 37402-7205

For BlueCare® or TennCare*Select* Members
Mail Level 1 Inquiry to:
Attn: Customer Service
BlueCare
P.O. Box 182277
Chattanooga, TN 37422

For All BlueCross BlueShield of TN Members
Mail Level 2 Provider Appeal to:
Attn: Provider Appeals Coordinator
Provider Networks and Contracting Division
801 Pine Street
Chattanooga, TN 37402-2555

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