



of Tennessee

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bcbst.com

# Open Negotiation Notice Supplemental Information Form

Please include this form along with the federally required **Open Negotiation Notice** form, so we have the information we need to review your request. You can find links to both forms in the [News & Updates](#) section at provider.bcbst.com.

Email completed forms to: [CAA\\_OpenNegNotice@bcbst.com](mailto:CAA_OpenNegNotice@bcbst.com).

**All information must be completed before submission.**

**If you have questions about your claim or other issues, please call Provider Service at 1-800-924-7141.**

## Non-Participating Provider Information

☐ Physician    ☐ Hospital    ☐ Other Health Care Professional (Lab, etc.)    ☐ Ancillary Facility (SNF, etc.)

Date of Request \_\_\_\_\_

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

Provider NPI # \_\_\_\_\_ Provider Tax ID # \_\_\_\_\_

Provider Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Contact Fax Number \_\_\_\_\_ Contact Email \_\_\_\_\_

## Member/Patient Information

Member/Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Group Number \_\_\_\_\_ Member BCBST ID # (include prefix) \_\_\_\_\_

## Claim Information

Claim # \_\_\_\_\_ BCBST Customer Service Inquiry number (if available) \_\_\_\_\_

Date of Service/Admission \_\_\_\_\_ Place of Service \_\_\_\_\_

## Negotiation Request Information

Type of out-of-network (OON) service provided:

☐ OON Emergency Services    ☐ OON Provider at in-network facility    ☐ OON Air Ambulance

Reason to request negotiation: (Please provide description of services and why you believe our payment amount, which is the QPA determined under law, is insufficient payment for this service.)