



CONFIDENTIAL INFORMATION

## Non-Contract Provider Appeal Form for BlueCare Plus Claims

To: BlueCross BlueShield of Tennessee  
Attn: BlueCare Plus Appeals and Grievance Coordinator  
1 Cameron Hill Circle, Suite 0042  
Chattanooga, TN 37402-0042  
Fax: 888-416-3026

Member Name	First:	Last:	MI:
Member ID Number:			
Date of Request:			
Provider Name:		Provider/NPI Number:	
Provider Contact Name:			
Provider Contact Number:		Provider Fax:	
Date of Service:		Claim Number:	
Please provide a written description of the facts and circumstances of the appeal and the action you'd wish us to take. Include any available written documentation such as letters and medical records.			
Description of the appeal (please use additional pages if needed):			

**A non-contract provider may request a reconsideration (appeal) of a denied claim only if they submit a Waiver of Liability (WOL), agreeing not to bill the enrollee regardless of the appeal outcome. The WOL must accompany the appeal. A billing agency may file the appeal on the provider's behalf without an Appointment of Representative if it can show authorization to act for the provider. However, the billing agency cannot sign the WOL on the provider's behalf. The appeal should be submitted within 65 days after receiving a response to your claim submission.**