



Provider Appeal Form

Please use this form within 60 days after receiving a response to your reconsideration or if you are appealing a non-compliance denial with which you are not satisfied. Attach this form to any supporting documentation related to your appeal request.

BLUECARE Member Appeals: DO NOT USE THIS FORM. Please follow process for Filing an Appeal on Behalf of the Member outlined in the BlueCare Provider Manual.

For Commercial Patients: If our reconsideration process determines your decision was related to medical necessity, you may have been directed to the Commercial Utilization Management Appeal form. Please review the letter you received for additional instructions.

Only one appeal is allowed per claim. Do not use this form for Reconsideration requests.

Member ID Number (include prefix): _____

Date of Request: _____ Provider/NPI Number: _____

Member Name: _____

Provider Name: _____ Provider Telephone Number: _____

Provider Contact Name: _____ Provider Fax Number: _____

Service Date: _____ Claim/Reference Number: _____

Check this box if your request is related to a Non-Compliance Denial

BlueAdvantage (PPO)SM

BlueEssential (HMO SNP)SM

BlueCard*

CHOICES

BlueCare Plus (HMO SNP)SM

Commercial

BlueCareSM/TennCare*Select*

CoverKids

Notes/Comments:

For faster review and processing, fax your appeal request to **(423) 535-1959**.
You also may mail your appeal request to:

**BlueCross BlueShield of Tennessee
1 Cameron Hill Circle, Suite 0039
Chattanooga, TN 37402-0039**

* BlueCross BlueShield of Tennessee and BlueCare Tennessee contracted providers in Tennessee and contiguous counties must use this form to submit appeal requests for their Commercial and BlueCare patients. If you are an out-of-state provider (not in a contiguous county), submit appeal requests to your local BlueCross plan if you provided services and filed a claim. Otherwise, your request will be delayed.