



BlueAdvantage (PPO)SM
 BlueCard*
 BlueCare Plus (HMO SNP)SM

BlueCareSM/TennCareSelect
 BlueEssential (HMO SNP)SM
 CHOICES

Commercial
 CoverKids

Provider Appeal Form

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

BlueCare Member Appeals: DO NOT USE THIS FORM. Please follow the 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 (including adjustments) for the same or similar issue. Don't use this form for reconsideration requests.

Member ID Number (include prefix): _____

Date of Request: ___/___/20___ Provider/NPI Number: _____

Member Name: _____

Provider Name: _____ Provider Phone Number: _____

Provider Contact Name: _____ Provider Fax Number: _____

Service Date for Reconsideration: ___/___/20___ Claim/Reference Number: _____

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Notes Comments:

For faster review and processing, fax your reconsideration request to **(423) 535-1959**. You may also mail your reconsideration 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 reconsideration requests for their Commercial and BlueCare patients. If you are an out-of-state provider (not in a contiguous county), submit reconsideration requests to your local BlueCross plan if you provided services and filed a claim. Otherwise, your request will be delayed.