



Provider Reconsideration Form

Please use this form if you have questions or disagree about a payment, and attach it to any supporting documentation related to your reconsideration request.

Here are other important details you need to know about this form:

- Only one reconsideration is allowed per claim.
- Non-compliance denials are not subject to reconsideration.
- Use the Provider Appeal Form to submit non-compliance related denials (we will return your request if you use the Reconsideration Form).
- We cannot accept appeals requests via this form.

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 for Reconsideration: _____ Claim/Reference Number: _____

- | | |
|---|--|
| <input type="checkbox"/> BlueAdvantage (PPO) SM | <input type="checkbox"/> BlueEssential (HMO SNP) SM |
| <input type="checkbox"/> BlueCard* | <input type="checkbox"/> CHOICES |
| <input type="checkbox"/> BlueCare Plus (HMO SNP) SM | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> BlueCare SM /TennCare <i>Select</i> | <input type="checkbox"/> CoverKids |

Notes/Comments:

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