



BlueAdvantage (PPO)<sup>SM</sup>  
 BlueCard\*  
 BlueCare Plus (HMO SNP)<sup>SM</sup>

BlueCare<sup>SM</sup>/TennCareSelect  
 BlueEssential (HMO SNP)<sup>SM</sup>  
 CHOICES

Commercial  
 CoverKids

# 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 (including adjustments) for the same or similar issue.
- › Non-compliance denials aren't subject to reconsideration.
- › Use the Provider Appeal Form to submit non-compliance related denials (we'll return your request if you use the Reconsideration Form).
- › We can't accept appeals requests via this form.

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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CHOICES

**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.