



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.

Provider/NPI Number:	
Provider Telephone Number:	
Provider Fax Number:	
Claim/Reference Number:	
 □ BlueChoice (HMO)SM □ CHOICES □ Commercial □ CoverKids 	
	Provider/NPI Number: Provider Telephone Number: Provider Fax Number: Claim/Reference Number: BlueChoice (HMO) SM CHOICES Commercial

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.

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