of Tennessee
1 Cameron Hill Circle, Suite 0017
Chattanooga, TN 37402-0017
bcbst.com

Open Negotiation Notice Supplemental Information Form

Please include this form along with the federally required **Open Negotiation Notice** form, so we have the information we need to review your request. You can find links to both forms in the News & Updates section at provider.bcbst.com.

Email completed forms to: CAA_OpenNegNotice@bcbst.com.

All information must be completed before submission.
If you have questions about your claim or other issues, please call Provider Service at 1-800-924-7141.

Non-Participating Provider Information

☐ Physician ☐ Hospital ☐ Other Health Care Professional (Lab, etc.) ☐ Ancillary Facility (SNF, etc.)

Date of Request _____

Provider Name _____

Provider NPI # _____ Provider Tax ID # _____

Provider Address _____

City _____ State _____ ZIP _____

Contact Name _____ Contact Phone Number _____

Contact Fax Number _____ Contact Email _____

Member/Patient Information

Member/Patient Name _____ Date of Birth _____

Group Number _____ Member BCBST ID # (include prefix) _____

Claim Information

Claim # _____ BCBST Customer Service Inquiry number (if available) _____

Date of Service/Admission _____ Place of Service _____

Negotiation Request Information

Type of out-of-network (OON) service provided:

☐ OON Emergency Services ☐ OON Provider at in-network facility ☐ OON Air Ambulance

Reason to request negotiation: (Please provide description of services and why you believe our payment amount, which is the QPA determined under law, is insufficient payment for this service.)