



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

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Provider Reconsideration Form

Don't use this form if you're an in-network provider or have a Tennessee practicing location for the claim. These requests must be submitted in Availity®.

Only out-of-network providers without a Tennessee practicing location may use this form.

Complete all fields and fax to (423) 535-1959 with all supporting documentation for payment questions or reimbursement disputes.

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.
- › Only the ordering or attending physician/facility can request reconsideration for admission-related claims.
- › **Don't use this form for** appeal requests or non-compliance (no authorization) denials. Use the Provider Appeal Form for these requests within 60 days of receiving your reconsideration response.

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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Reason for Reconsideration:

* This form is limited to specific paper-submission scenarios. Providers who are in-network or who have a Tennessee practicing location associated with the claim are required to submit inquiries, reconsiderations, and appeals through Availity and should not use this form. Only out-of-network providers without a Tennessee practicing location may continue to submit requests using this form.