

BlueCross BlueShield of Tennessee 1 Cameron Hill Circle, Suite 0039 Chattanooga, Tennessee 37402-0039

| Date | Provider Name |
|------------------------|-----------------------------------|
| Provider No./NPI | Patient Name |
| Provider Contact | Member ID No. |
| Provider Fax No. | Date of Service |
| Provider Telephone No. | Claim No./Decision/Issue Disputed |

- When submitting a Dispute in accordance with the Inquiry or Appeal Level of the Procedure, please indicate a detailed reason for Dispute. If applicable, please include all pertinent information including prior correspondence, medical records, and all documentation you wish to have considered in the final determination of the dispute. (You may use the back of this form as necessary.)
- Indication of Provider Appeal below verifies you have submitted the dispute under the Reconsideration Level of the Procedure and are dissatisfied with the response. (*Please attach a* copy of the response received from the applicable BCBST Customer Service Department.)

Commercial Member

- Level I Reconsideration
- Level II Appeal

BlueAdvantage Member

- □ Level I Reconsideration (Attn: Customer Service for administrative disputes)
- Level I Reopening (Attn: Utilization Management for medical necessity disputes)
- Level II Appeal

BlueCare/TennCareSelect Member

- Level I Reconsideration (Attn: Correspondence for administrative disputes)
- Level I Reconsideration (Attn: Utilization Management for medical necessity disputes)
- Level II Appeal

CoverTN, CoverKids, AccessTN Member

- Level I Reconsideration
- Level II Appeal

BlueCard

Tennessee providers and BCBST contracted providers in contiguous counties should submit disputes for all BlueCross BlueShield members to BCBST.

Level I – Reconsideration

Level II – Appeal

Out-of-State providers (not in contiguous counties) should submit disputes for all BlueCross BlueShield members to their local BCBS Plan. Failure to do so may result in a delayed response to your request.

Notes/Comments:

Provider Dispute Form (Continued)

| Member ID No. | Patient Name |
|-----------------------------|--------------|
| | |
| Notes/Comments (Continued): | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |