

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
- 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:

(You may use the back of this form as necessary.) 

Provider Dispute Form *(Continued)*

Member ID No.

Patient Name

Notes/Comments *(Continued)*: