



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Please address all inquiries to:

**Attn: Provider Service Department
Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001**

**Omaha (402) 390-1890 or
Toll-free 1-800-642-8516**

I.D.:

Sub. Last Name:

DOC:

Acronym:

Claim Number:

BLUE CROSS AND BLUE SHIELD OF NEBRASKA OFFICE USE ONLY

APPEAL/RECONSIDERATION REQUEST

Member's Name: _____ Member's I.D. Number: _____

Patient's Name: _____ Relationship: _____

Date(s) of Service: _____ Remittance (or check) Date: _____

Claim Number: _____

BCBSN Provider Number: _____ Provider Tax I.D.: _____

Provider Name: _____ Provider Phone Number: _____

Contact Name: _____ Address: _____

You must check the appropriate box below indicating that your request is either a Reconsideration Request or an Appeal. Failure to check a box **will delay** the processing of your request. The box checked dictates the process for handling your request.

RECONSIDERATIONS: The attached claim was originally submitted with incorrect/incomplete information.

A Reconsideration is a request from a provider for Blue Cross and Blue Shield of Nebraska (BCBSNE) to review a claim that was originally submitted with incorrect/incomplete information. Examples of claims that should be submitted for reconsideration include, but are not limited to, claims submitted with incorrect information indicated below.

- Incorrect CPT-IV Code / Incorrect ICD-9 Code
- Incorrect Charges
- Incorrect Provider Listed
- Late Charges or Late Credits / Interim Charges
- Incorrect Patient Name / I.D. Number
- Incorrect DOS / POS
- Copy of Subrogation Information
- Copy of Worker Compensation Information
- Copy of Other Insurance Attached

Comments: _____

Please attach a copy of the claim and any necessary supporting documentation.

APPEAL

An Appeal is a request from a provider for BCBSNE to review a claim with a disposition that the member or provider disagrees with based on the information presented. Examples of claims that should be submitted for an appeal include, but not limited to, claims denied due to medical policy or medical necessity, experimental and investigational.

Reason for Appeal: _____

Be sure to attach a copy of the claim and any necessary supporting documentation. Supporting documentation may include the medical record. Submitting supporting documentation may avoid a delay in processing your request.