



An Independent Licensee of the
Blue Cross and Blue Shield Association

Instructions for the Provider Reconsideration/Administrative Appeal Form

Physicians and Providers may question the outcome of how a claim processed via a provider appeal. The provider reconsideration/ administrative appeal must relate to a post-service claim processing determination made by Florida Blue. This may include but is not limited to:

- Claim Allowance
- Coordination of Benefits
- Provider Contract Issue
- Timely Filing

Please review the instructions below to ensure proper routing of your reconsideration/appeal.

Provider Reconsideration (This is a pre-requisite for filing an Administrative Appeal.)

Complete the form in entirety.

- Check the applicable box on the Provider Reconsideration/Administrative Appeal form.
- Complete sections 1-4. Please describe the issue in as much detail as possible.
- Supporting documentation must be submitted.

Mail the form and supporting documentation to:

Florida Blue
P.O. Box 1798
Jacksonville, FL 32231-0014

Administrative Appeals

This should be submitted only after the submission and response to a Provider Reconsideration. Indicating an Administrative Appeal verifies you have completed the **Reconsideration** level of review and are dissatisfied with the outcome.

Complete the form in entirety.

- Check the applicable box on the Provider Reconsideration/Administrative Appeal form.
- Include the Reconsideration Reference Number which was included in the letter or email documenting the decision on the Reconsideration.
- Complete sections 1-4. Please describe the issue in as much detail as possible.
- Supporting documentation must be submitted.

Mail the form and supporting documentation to:

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Provider Reconsideration/Administrative Appeal Form

When submitting a provider reconsideration or administrative appeal, please complete the form in its entirety in accordance with the instructions contained in Florida Blue's Manual for Physician and Providers available online at floridablue.com. Select Providers, then Provider Manual. Appeals must be submitted within one year from the date on the remittance advice. Please send only one claim per form.

Date _____

Provider Reconsideration Administrative Appeal (must include Reconsideration #) _____

Reason for Provider Reconsideration Request / Administrative Appeal (check one)

Form with checkboxes for Claim Allowance, Timely Filing, Other (Please Describe), Coordination of Benefits, and Provider Contract.

1. Provider Information

Form for Provider Information with fields for Name, NPI, Florida Blue Provider Number, Street Address, City, State, Zip, Telephone Number, Fax Number, and Contact Name.

2. Patient Information

Form for Patient Information with fields for Last Name, First Name, Member/Contract Number (alphas and numeric), and Date of Birth.

3. Claim Information

Form for Claim Information with fields for Claim Number, Total Billed Amount, Date(s) of Service (MM/DD/YYYY) (From) (To), and Procedure Code(s) being Appealed.

4. Provider Reconsideration / Administrative Appeal Explanation

Large empty box for Provider Reconsideration / Administrative Appeal Explanation.

Supporting Documentation: The following supporting documentation must be attached to this form:

- 1. Copy of the remittance advice or member's explanation of benefits. Indicate the code(s) or service(s) being appealed.
2. All relevant documentation related to the appeal (medical records, operative report, documentation to support timely filing, etc.).