



An Independent Licensee of the Blue Cross and Blue Shield Association

Network Management Service Unit
Fax to: (904) 997-5716

Fee Schedule Request Form

To request a fee schedule, please complete the information below. An email address is required. Electronic copies will be sent through secured email.

Date _____

Group Information

Table with 3 columns: Name of Group, Group Number, Group NPI Number. Rows include Telephone Number, Email, and Contact Name.

Product Lines

(You may receive allowance information only for those products for which you have a fully executed contract.)

All contracted product lines

PPO

- Preferred Patient Care (PPC)
Traditional/PPS
NetworkBlue
BlueSelect
Miami-Dade Blue

HMO

- Blue Care HMO
MyBlue HMO
Simply Blue HMO

Medicare

- Blue Medicare MyTime Plus
Medicare Advantage HMO
Medicare Advantage PPO
Blue Medicare Complete
Advantage 65

Group-Authorized Signature Required for Release of Information

This request must be signed below by the group-authorized signatory: the person whose signature appears on your contract with Florida Blue. If signed by anyone else, the request will be denied.

Authorized Signature _____

Signer's Name (please print) _____

Signer's Title _____