



An Independent Licensee of the Blue Cross and Blue Shield Association

Florida Blue
Medicare Advantage Appeals
P.O. Box 41609
Jacksonville FL 32203-1609

Medicare Advantage Non-Participating Provider Appeal

Providers not participating with a particular Florida Blue Medicare Advantage plan have the right to appeal. You may file your appeal in writing within 60 calendar days after the date of the remittance advice. The time can be extended if you can provide evidence for what prevented you from meeting the deadline. For us to review your appeal, we will need your completed signed Waiver of Liability Statement. To obtain a Waiver of Liability form, click here. Upon review of this Appeal form and the Waiver of Liability form, we will give you a decision on your appeal within 60 calendar days.

Date _____

1. Provider Information

Table with 4 columns: Provider Name, National Provider Identifier (NPI), Florida Blue Provider Number, Street Address, City, State, Zip, Telephone Number, Fax Number, Contact Name

2. Patient Information

Table with 2 columns: Last Name, First Name, Member/Contract Number (alphas and numeric), Date of Birth

3. Claim Information

Table with 2 columns: Claim Number, Date(s) of Service (MM/DD/YYYY) (From) (To), Total Billed Amount, Procedure Code(s) being Appealed

4. Appeal Explanation

Large empty rectangular box for writing the 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 medical documentation related to the appeal (medical records, operative report, etc.).