

## Itemized Bill Review Reconsideration Form

**Note:** This form is intended for use only when requesting a reconsideration of an Itemized Bill Review. Please complete the form in its entirety. Medical records are not needed for any reconsideration requests. Please submit a written dispute request within **forty-five** calendar days of receipt of itemized bill review provider communication letter. Please complete the form in its entirety. Submission can be completed via **fax** or **ProviderLink On-Line** (see below). Only one claim can be submitted per form.

<b>Today's Date</b>	<b>Member's ID Number</b>	<b>Member's Group Number (optional)</b>
<b>Member's First Name</b>	<b>Member's Last Name</b>	<b>Member's Date of Birth</b>
<b>Provider Name</b>		<b>Provider Number/NPI</b>
<b>Provider Group Name (if applicable)</b>	<b>Office Contact</b>	<b>Contact Mailing Address</b>
<b>Contact Phone Number</b>	<b>Contact Fax Number</b>	<b>Contact Email Address (optional)</b>

To help Blue Cross NC review and respond to your request, please provide the following information below. (This information may be found on prior correspondence you received from Blue Cross NC)

<b>Claim Number</b>		<b>Date(s) of Service(s)</b>
<b>Explanation of Your Request (please use additional pages if necessary)</b>		

**Fax numbers:**

- **Commercial:** 833-207-9682
- **Employee:** 866-808-5191
- **IPP Bluecard:** 866-584-8081
- **Medicare:** 877-778-1525
- **State:** 833-207-9687

**For providers with an active ProviderLink On-Line Contract**

- 1) Title the message subject "**Itemized Bill Review Reconsideration**"
- 2) Ensure the following information is clearly documented in the ProviderLink *On-Line* message header:
  - a. The patient's name
  - b. The Blue Cross NC patient's ID Number (including the Prefix and Suffix) in the Unique ID field
  - c. The patient's Date-of-Birth
  - d. The Date-of-Service
  - e. Sender's name and direct phone number on the message header
- 3) **Do not** "Request a Reply" to the message when submitting. Blue Cross NC recommends utilizing the Audit Trail feature within the application.
- 4) Submit requests to the corresponding ProviderLink *On-Line* "**Facility**" **Itemized Bill Review Reconsiderations mailbox** that is associated with the patient's Insurance coverage type, e.g., Commercial, Employee, IPP Bluecard, Medicare, or State Health Plan.

