

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 reconsideration 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.

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

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)

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

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.

