Out of Network Emergency Medical Care Act - Reimbursement Dispute Request

Form must be completed within 60 days of remittance, or it will not be processed

THIS FORM IS ONLY APPLICABLE IF A CLAIM HAS BEEN PROCESSED AND A REMITTANCE ADVICE HAS BEEN ISSUED BY BLUE CROSS AND BLUE SHIELD OF NEBRASKA (BCBSNE). This form should not be used for dates of service prior to 01/01/21.

Member's Name: ____________________ Patient's Name: ____________________

Member's ID Number: ____________________ Relationship to Member/Primary Cardholder: __________

BCBSNE Claim Number: ____________________ Date(s) of Service: ____________________

Provider Name: ____________________ Location of Services ____________________

Individual NPI: ____________________ Clinic Tax ID or NPI: ____________________

Contact Name: ____________________ Address: ____________________

Phone Number: ____________________ Fax Number: ____________________

Reimbursement Dispute: Notice to BCBSNE that the payment made has been deemed unreasonable based on the LB997 Out of Network Emergency Medical Care Act.

Any payment issued *must* be returned with this form, or this request will not be processed. In accordance with LB997, the dispute process will begin as of the date of receipt of this form **and payment** by BCBSNE. Until resolved, covered persons cannot be balance billed for amounts over the allowable amount.

PLEASE DESCRIBE IN DETAIL WHY YOU ARE DISPUTING THE REIMBURSEMENT. VAGUE OR INCOMPLETE RESPONSES WILL DELAY OR POSSIBLY CAUSE A DENIAL OF YOUR REQUEST.

Comments:

NOTE: The insurer and health care provider shall have 30 days after the date of notification to negotiate a settlement. If a settlement has not been reached after such 30-day period, the insurer and health care provider shall engage in mediation in accordance with the Uniform Mediation Act. Following mediation, the cost of mediation shall be paid by and split evenly between the insurer and health care provider.

Please submit reimbursement dispute form and check to:
Blue Cross and Blue Shield of Nebraska
PO Box 30112
Omaha NE 68103-1212

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