

# Timely Filing Override Request

Rendering Facility	
Claim Number	
Member ID	
Date of Service	

Claim Submitted		Date We Received
1st Claim Submission		
2nd Claim Submission		
3rd Claim Submission		
4th Claim Submission		

**Action Letters:** (if action letter not received, please list date of electronic submission attempt - with submission number)

Date Received/ Submitted	Action Item Requested OR Submission Number	Provider Response	Date Received/ Submitted

**Reconsideration/Appeal:**

Date Submitted	Reconsideration Reason	Appeal Reason	BCBSNE Response	Date Received/ Submitted

**Customer Service Claim Inquiries:**

Date Submitted	Inquiry Number	Inquiry Response	Date Received/ Submitted

**\*\*BCBSNE will review your request and reply with our decision\*\***

# Timely Filing Override Request

## Customer Service Escalation:

Date Submitted	CSC Claims Escalation Response	Date of Response

## Provider Executive I Escalation:

Date Submitted	Story Number	Provider Executive I Response	Date of Response

## Provider Executive II Escalation:

Date Submitted	Provider Executive II Response	Date of Response

### Instructions:

Please fill out all applicable information to the best of your ability.

### Additional Notes:

Add any additional notes to further explain your reason for timely filing override request. If you are contesting the member presented as self-pay and insurance information was not provided timely, please attach all documentation with this form when sending to the Provider Executive I team.

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### Submit To:

Please submit this completed form to [ProviderExecs@NebraskaBlue.com](mailto:ProviderExecs@NebraskaBlue.com) with any documentation supporting this request.

**\*\*BCBSNE will review your request and reply with our decision\*\***