

Reconsideration Request

**** Form must be completed in full ****

THIS FORM IS ONLY APPLICABLE IF A CLAIM HAS BEEN PROCESSED AND A REMITTANCE ADVICE HAS BEEN ISSUED

Member's Name: _____	Patient's Name: _____
Member's ID Number: _____	Relationship: _____
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: _____

Reconsideration: A request to Blue Cross and Blue Shield of Nebraska (BCBSNE) to review a claim with additional information not previously provided.

Reason for Reconsideration (mark applicable box):

- | | |
|---|---|
| <input type="checkbox"/> Manufacturers Invoice for Pricing (attached) | <input type="checkbox"/> Workers' Compensation* (attached) |
| <input type="checkbox"/> Billing/Coding Dispute w/ Medical Rationale | <input type="checkbox"/> Coordination of Benefits* (attached) |
| <input type="checkbox"/> Medical Records (attached) | |

* Attach copy of carrier's Explanation of Benefits or denial letter; do **NOT** include check or payment

If the information on a processed claim is subsequently found to be incorrect or charges need to be added or voided, you must submit a corrected claim electronically.

Do not send corrected claims or replacement claims with this form; they will be returned. Instead, follow the instructions found in the [corrected claims policy](#) to submit a corrected professional claim. Submitting a new claim to replace one that has already been filed may result in a duplicate denial.

PLEASE MAKE SURE TO COMPLETELY DESCRIBE WHY YOU ARE REQUESTING A RECONSIDERATION. VAGUE OR INCOMPLETE RESPONSES WILL DELAY OR POSSIBLY CAUSE A DENIAL OF YOUR REQUEST.

Comments:

Please submit this completed form with the necessary supporting documentation via:

NaviNet®: Upload as one document on the Claim Status Details screen

Mail: Blue Cross and Blue Shield of Nebraska, Attention: HNR/Reimbursements, PO Box 3248, Omaha NE 68180-0001

Fax: 402-548-4698

For questions, please follow the process to check claim status via [NaviNet](#).