

# Reconsideration Request

**\*\*Form must be complete, or it will not be processed\*\***

**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 to review a claim with additional information not previously provided.

If the denial is not listed below, the request may be considered an *appeal*; visit <https://www.nebraskablue.com/providers> to locate the *appeal form*.

Reason for Reconsideration (mark applicable box):

- Manufacturers Invoice for Pricing (attached)     Copy of Medical Records (attached)
- Other Insurance Information (attached)     Copy of Subrogation or Worker's Compensation
- Billing/Coding Dispute w/ Medical Rationale

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 General P&P on submitting corrected professional claims. 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:

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Please submit the reconsideration form to: Blue Cross and Blue Shield of Nebraska, Attention: HNR/Reimbursements, PO Box 3248, Omaha NE 68180-0001. Forms may also be faxed to 402-548-4698. For questions, please follow the process to check claim status on [Nebraskablue.com/providers](https://www.nebraskablue.com/providers).