

## Fee Schedule Request Form

**This form is for current contracted Florida Blue providers only.** To request a fee schedule, please complete the information below. An email address is required. Electronic copies will be sent through secured email.

Date \_\_\_\_\_

### Group/Facility Information

Name of Group/Facility	Group/Facility Number	Group/Facility NPI Number
Telephone Number	Email (required to obtain complete fee schedules)	
Contact Name		

### FEE SCHEDULE REQUEST

#### Product Lines

*(You may receive allowance information only for those products for which you have a fully executed contract.)*

All contracted product lines

#### PPO

Preferred Patient Care (PPC)

Traditional/PPS

NetworkBlue

BlueSelect

Miami-Dade Blue

#### HMO

Blue Care HMO

myBlue HMO

Simply Blue HMO

#### Medicare

Medicare Advantage HMO

Medicare Advantage PPO

Advantage 65

### Group or Facility-Authorized Signature Required for Release of Information

This request must be signed by the group/facility-authorized signatory (the person whose signature appears on your Florida Blue contract) or Owner, Administrator, CEO, or CFO. If the below signer is not one of these legally authorized representatives, you must send **this request and a letter** on your letterhead. The letter must include the Group/Facility name, Florida Blue number, NPI, TIN, date, and the new signatory's name, title, and signature for the group **for each request**.

Authorized Signature \_\_\_\_\_

Signer's Name (*please print*) \_\_\_\_\_

Signer's Title \_\_\_\_\_