

Fee Schedule Request Form

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 a complete schedule)		
Contact Name		

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

SimplyBlue HMO

Medicare

Blue Medicare MyTime Plus

Medicare Advantage HMO

Medicare Advantage PPO

Blue Medicare Complete

Advantage 65

Group/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 signor is not one of these legally authorized representatives, you must send **this request and a letter** on your letterhead including the Group/Facility name, Florida Blue number, NPI, TIN, today's 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 _____