Florida Blue
Your local Blue Cross Blue Shield

Instructions for the Provider Reconsideration/Administrative Appeal Form

Physicians and Providers may question the outcome of how a claim processed via a provider appeal. The provider reconsideration/administrative appeal must relate to a post-service claim processing determination made by Florida Blue. This may include but is not limited to:

- Claim Allowance
- Coordination of Benefits
- Provider Contract Issue
- Timely Filing

Please review the instructions below to ensure proper routing of your reconsideration/appeal.

Provider Reconsideration (This is a pre-requisite for filing an Administrative Appeal.)

Complete the form in entirety.

- Check the applicable box on the Provider Reconsideration/Administrative Appeal form.
- Complete sections 1-4. Please describe the issue in as much detail as possible.
- Supporting documentation must be submitted.

Mail the form and supporting documentation to:

Florida Blue
P.O. Box 1798
Jacksonville, FL 32231-0014

Administrative Appeals

This should be submitted only after the submission and response to a Provider Reconsideration. Indicating an Administrative Appeal verifies you have completed the **Reconsideration** level of review and are dissatisfied with the outcome.

Complete the form in entirety.

- Check the applicable box on the Provider Reconsideration/Administrative Appeal form.
- Include the Reconsideration Reference Number which was included in the letter or email documenting the decision on the Reconsideration.
- Complete sections 1-4. Please describe the issue in as much detail as possible.
- Supporting documentation must be submitted.

Mail the form and supporting documentation to:

Florida Blue
P.O. Box 1798
Jacksonville, FL 32231-0014

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association.

115883 1023

Florida Blue
Your local Blue Cross Blue Shield

Mail to: Florida Blue
P. O. Box 1798
Jacksonville, FL 32231-0014

Provider Reconsideration/Administrative Appeal Form

When submitting a provider reconsideration or administrative appeal, please complete the form in its entirety in accordance with the instructions contained in Florida Blue's Manual for Physicians and Providers, available at FloridaBlue.com. Select For Providers, then Provider Manual. Appeals must be submitted within one year from the date on the remittance advice. **Please send only one claim per form.**

Date ______________

☐ Provider Reconsideration ☐ Administrative Appeal (must include Reconsideration #) ______________

Reason for Provider Reconsideration Request / Administrative Appeal (check one)

☐ Claim Allowance	☐ Timely Filing	☐ Other (Please Describe)
☐ Coordination of Benefits	☐ Provider Contract	

1. Provider Information

Provider Name	National Provider Identifier (NPI)	Florida Blue Provider Number	
Street Address	City	State	Zip
Telephone Number	Fax Number	Contact Name	

2. Patient Information

Last Name	First Name
Member/Contract Number (alphas and numeric)	Date of Birth

3. Claim Information

Claim Number	Date(s) of Service (MM/DD/YYYY) (From) (To)
Total Billed Amount	Procedure Code(s) being Appealed

4. Provider Reconsideration / Administrative Appeal Explanation

Supporting Documentation: The following supporting documentation **must** be attached to this form:

1. Copy of the remittance advice or member's explanation of benefits. Indicate the code(s) or service(s) being appealed.
2. All relevant documentation related to the appeal (medical records, operative report, documentation to support timely filing, etc.).

Florida Blue and Florida Blue Medicare are independent licensees of the Blue Cross and Blue Shield Association.