



## South Carolina Provider Reconsideration Form

This form is intended for use by physicians and other health care professionals in South Carolina. If you are located outside of South Carolina and have claims questions, reviews, or appeals, please direct them to your local Blue® plan. To request a claim review, please complete this form for BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan members. Use this form as the cover transmittal sheet for all supporting documentation. Forms submitted without supporting documentation will not be considered. Be sure to complete each section.

You may wish to seek reconsideration of a claim:

- If you have additional documentation that supports a reversal of the claim determination.
- If you want a reconsideration of the claim adjudication.

### Provider Information

Provider's Name: \_\_\_\_\_ NPI or Tax ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Patient and Claim Information

Patient's Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Claim Number (*Do not attach claim*): \_\_\_\_\_ Date of Service: \_\_\_\_\_

### Reconsideration

Check the appropriate boxes below to specify the type of service and request.

☐ Medical Services

☐ Initial Request

☐ Laboratory Services

☐ Subsequent Request\*

\*Note: Subsequent requests **must** include the initial decision along with new or additional information to be re-reviewed.

Brief description of request/desired action you want us to take as result of this claim review:

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Description of attachments included (office records, lab reports, physician orders, etc.):

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Please Fax or Mail to (send to only one):

Plan	Reconsideration Time Limits	Fax Number	Mailing Address
BlueChoice® HealthPlan	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
BlueEssentials <sup>SM</sup> & Blue Option <sup>SM</sup>	180 days from remit date	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Preferred Blue® & BlueCard®	Varies by plan	803-264-4172	AX-620, I-20 @ Alpine Road, Columbia, SC 29219
Group & Individual	180 days from remit date	803-264-4172	AX-F25, I-20 @ Alpine Road, Columbia, SC 29219
State Health Plan	6 months from remit date	803-264-4204	AX-B10, P.O. Box 100605, Columbia, SC 29260
Federal Employee Program	90 days from remit date	803-264-8104	AX-B05, P.O. Box 600601, Columbia, SC 29260
Medicare Advantage	60 days from remit date	803-264-9581	AG-780, P.O. Box 100191, Columbia, SC 29202
Healthy Blue <sup>SM</sup>	90 days from remit date	<a href="#">Click here</a> for the Healthy Blue provider appeal request form.	