

Facility Emergency Department Level Reconsideration Form

Note: This form is intended for use by facilities only when requesting a review of a post service claim denied for Facility Emergency Department Level and should be accompanied by any supporting documentation. Please submit a written dispute request within **forty-five** calendar days of claim denial. Please complete the form in its entirety. Submission can be completed via **fax** or through **ProviderLink On-Line** (see below). Post service claims denials for professional fees should follow the appeals process as outlined in the denial letter.

Today's Date	Member's ID Number	Member's Group Number (optional)
Member's First Name	Member's Last Name	Member's Date of Birth
Facility Name		Facility Number/NPI
Facility Group Name (if applicable)	Office Contact	Contact Mailing Address
Contact Phone Number	Contact Fax Number	Contact Email Address (optional)

To help Blue Cross NC review and respond to your request, please provide the following information below. (This information may be found on prior correspondence you received from Blue Cross NC.)

Claim Number(s)	Reference/Authorization Number(s) (if applicable)	Date(s) of Service(s)
Date(s) of Service(s) Being Disputed		
Explanation of Your Request (please use additional pages if necessary)		

Fax numbers:

- **Commercial:** 844-340-1965
- **Employee:** 844-339-7889
- **IPP BlueCard:** 877-208-3317
- **Medicare:** 844-340-4212
- **State:** 844-339-5364

For providers with an active ProviderLink On-Line Contract:

- 1) Title the message subject **“Emergency Department Level Dispute”**
- 2) Ensure the following information is clearly documented in the ProviderLink *On-Line* message header:
 - a. The patient's name
 - b. The Blue Cross NC patient's ID Number (including the Prefix and Suffix) in the Unique ID field
 - c. The patient's Date-of-Birth
 - d. The Date-of-Service
 - e. Sender's name and direct phone number on the message header
- 3) **Do not** “Request a Reply” to the message when submitting. Blue Cross NC recommends utilizing the Audit Trail feature within the application.
- 4) Submit requests to the corresponding ProviderLink *On-Line* **“Facility” Emergency Depart Level Disputes mailbox** that is associated with the patient's Insurance coverage type, e.g.: Commercial, Employee, IPP BlueCard, Medicare, or State Health Plan.

