



1 Cameron Hill Circle
 Chattanooga, TN37402-0001
 bluecareplus.bcbst.com

CONFIDENTIAL INFORMATION

BlueCare Plus Member Appeal Form

If you disagree with our decision regarding a claim, coverage determination or service received, you may complete this form to request an appeal. You are not required to use this form to request an appeal.

When completing this form, please be as detailed as possible. We will contact you if additional information is needed.

Member Name	First:	Last:	MI:
Member ID Number:			
Phone Number:			
Address (Street Number and Name):			
City:	County:	State:	Zip Code:
A clear written description of the facts and circumstances about the appeal and the action you wish to have us take should be included.			
Description of the appeal (Please use additional pages if needed):			

Signature of Member

Date

OR

Member Representative

Date

BlueCare Plus Tennessee, an independent licensee of the BlueCross BlueShield Association.
 BlueCare Plus Tennessee is a Health plan with a Medicare contract and a contract with the Tennessee Medicaid Program.

You may fax your request

To: 1-888-416-3026

or mail your request

To: BlueCross BlueShield of Tennessee

Attn: BlueCare Plus Appeals & Grievance Coordinator

1 Cameron Hill Circle, Suite 0042

Chattanooga, TN 37402-0042

BlueCare Plus will contact you by phone or mail to notify you that your appeal request has been received. If you are filing an appeal on behalf of the member, please include the completed *Appointment of Representative (AOR)* form or other documentation that provides proof that you are authorized to act on the member's behalf along with the appeal request.

If you have any questions, please call Customer Service at 1-800-332-5762 between the hours of 8 a.m. and 9 p.m. ET, 7 days a week. TTY users should call 711. If you are asked to leave a message, your call will be returned the next business day.

BlueCare Plus

Member Appeals Department