



## South Carolina Provider Reconsideration Form

If you are a provider **located outside of South Carolina** and have claim questions, reviews, or appeals, please **use the BlueCard® Claim Appeal Form**.

If you are a **participating physician or other health care professional located in South Carolina**, use this form to request a one-time claim review for reconsideration for BlueCross BlueShield of South Carolina and BlueChoice HealthPlan members. This form only functions as the cover transmittal sheet for all supporting documentation. Forms submitted without supporting documentation will not be considered. Be sure to complete each section.

Refer to the Provider Reconsideration Guide online to determine if a provider reconsideration is warranted for the claim in question.

### 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 for the request.

☐ Medical Services ☐ Laboratory Services

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax or mail to (send to only one):

Plan	Reconsideration Time Limits	Fax Number	Mailing Address
BlueChoice®	Varies by plan	803-264-4172	AX-620, I-20 at Alpine Road, Columbia, SC 29219
BlueEssentials <sup>SM</sup> and Blue Option <sup>SM</sup>	180 days from remit date	803-264-4172	AX-620, I-20 at Alpine Road, Columbia, SC 29219
Preferred Blue and BlueCard	Varies by plan	803-264-4172	AX-620, I-20 at Alpine Road, Columbia, SC 29219
Group and Individual	180 days from remit date	803-264-4172	AX-F25, I-20 at Alpine Road, Columbia, SC 29219
State Health Plan	6 months from remit date	803-264-4204	AX-B10, PO Box 100605, Columbia, SC 29260
Federal Employee Program	90 days from remit date	803-264-8104	AX-B05, PO Box 600601, Columbia, SC 29260
Medicare Advantage	60 days from remit date	803-264-9581	AG-780, PO Box 100191, Columbia, SC 29202