BlueCross BlueShield of Tennessee
www.bcbst.com

BlueAdvantage/BlueAdvantage*Plus* Member Appeal Form - Confidential -

Call: 1-800-841-7434 for assistance in completing this form.
1-888-423-9490 TTY (For Hearing Impaired)
Monday - Friday, 8 a.m. to 5 p.m. Eastern Time

TO: BlueCross BlueShield of Tennessee
Attention: Medicare Advantage Appeals Coordinator
P.O. Box 180205
Chattanooga, TN 37402-7205

FROM: Member's Name: _____ (First) _____ (Last) ____ (MI)

Member Identification No.: _____

Telephone No.: (____) _____

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 as needed):

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_____

_____ **OR** _____
Signature of Member Date

_____ _____
Beneficiary/Guardian Signature Date

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