



CONFIDENTIAL INFORMATION

## BlueEssential (HMO SNP)<sup>SM</sup> Member Appeal Form

To: BlueCross BlueShield of Tennessee  
Attn: Medicare Advantage Appeals & Grievance Department  
1 Cameron Hill Circle, Suite 0005  
Chattanooga, TN 37402

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. Please provide any available written documentation such as letters and medical records.			
Description of the appeal (Please use additional pages if needed):			

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Member Representative\*

\_\_\_\_\_  
Date

\*An enrollee may appoint any individual to act as representative. To be appointed both the enrollee and the representative must sign and date a Appointment of Representative (AOR) form or a written notice. Other appropriate legal papers such as Power of Attorney supporting an authorized representative's status may also be submitted instead. Customer Service can mail you an AOR form or you can print it from the Member Rights section of our website at [bcbstmedicare.com](http://bcbstmedicare.com).

## For more information



Call toll-free **1-888-851-BLUE (2583)**, (TTY: **711**).

From **Oct. 1** to **March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1** to **Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.



1 Cameron Hill Circle | Chattanooga, TN 37402 | [bcbstmedicare.com](http://bcbstmedicare.com)

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ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-888-851-2583 (TTY: 711).