



Independent Review Provider Reconsideration Form

Return completed form by mail or email to:

Healthy Blue
ATTN: Independent Review
3850 N. Causeway Blvd., Ste. 1770
Metairie, LA 70002
healthyblueindependentreview@healthybluela.com

From:	
Phone:	
Email:	

Required information

Member/recipient name:	Member/recipient ID No.:
Date(s) of service:	Remittance advice date:
Amount billed:	Amount paid:
Claim No.:	Pended claim: <input type="checkbox"/> Yes <input type="checkbox"/> No
Denial reason:	Denial code:
Procedure codes billed:	

To request reconsideration, providers have 180 days from the date a claim denied in whole, partially or the recoupment date of a claim, or the MCO failed to issue a remittance advice (RA) within 60 calendar days.

Please use the space below to provide reason for dispute and any other necessary information, along with your attachments, to enable a thorough reconsideration.

Signature

Date

The MCO shall acknowledge in writing its receipt of a reconsideration request submitted in accordance with §3111.B.1, within five calendar days after the receipt of the request, and render a final decision by providing a response to the provider within 45 calendar days from the date of the receipt of the request for reconsideration, unless another time frame is agreed upon in writing by the provider and the MCO.

<https://provider.healthybluela.com>