



BlueCross BlueShield
of New Mexico

Blue Cross Community CentennialSM
Nursing Facility Level of Care (NFLOC) Reconsideration Form

Providers who disagree with a NFLOC determination can request reconsideration. Requests for reconsideration must be sent in writing and received by the MCO within thirty (30) calendar days of the date on the decision notice. **Fax requests to: (505) 816-2093.**

Today's Date: _____ Member Name: _____

Member's Date of Birth: _____ BCBSNM ID Number: YIF905 _____

Submitter: _____ Submitting Provider: _____

Agency/Facility (nursing facility should attach notification form): _____

Statement of reconsideration request:

Reference to the challenged decision or action:

Basis for the challenge:

List and attach copies of any document(s) pertinent to the challenged decision or action:

List and attach claim forms if the challenge involves a claim for payment, which was denied due to a decision:

