BlueCross BlueShield of Florida
An Independent Licensee of the Blue Cross and Blue Shield Association

Network Management Service Unit
Fax to: (904) 997-5716

Fee Schedule Request Form

Please complete the information below to request a fee schedule or allowances for specific codes. An email address is required in the space below if requesting a complete fee schedule. Attach a list of codes, if applicable.

Date _____

Physician/Provider Information

Name	BCBSF Number	National Provider Identifier (NPI)	
Mailing Address	City	State	Zip
Street Address	City	State	Zip
Telephone Number ( )	Fax Number ( )		
Email (required to obtain a complete schedule)			
Contact Name			

Product Lines

(You may only receive allowance information for those products for which you have a fully executed contract.)

- ☐ All contracted product lines
- ☐ Advantage65
- ☐ BlueSelect
- ☐ Health Options
- ☐ Medicare Advantage HMO
- ☐ Medicare Advantage PPO
- ☐ Miami-Dade Blue
- ☐ NetworkBlue
- ☐ Preferred Patient Care (PPC)
- ☐ Traditional/PPS

Physician or Provider Signature Required for Release of Information

Provider Name _____ Provider Signature _____
(please print)

Provider Title _____

Note: This form is for Blue Cross and Blue Shield of Florida contracted physicians and providers only.

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