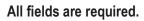
Provider Feedback Form for Third-Party Clinical Policies/Guidelines/Criteria





Provider Information				
First Name:		Last Name:		
Phone Number:	Email Address:			Provider Number (NPI):
Policy Information				
Policy Name				
Policy Number (if applicable)				
Policy Source:			Line of Business:	
eviCore Healthcare Clinical Guidelines			☐ Commercial	
☐ MCG Care Guidelines			☐ Medicaid	
☐ Prime Therapeutics (Pharmacy)			☐ Medicare	
Comments:				
Supporting evidence submitted with this form:				

Please submit this completed form with all supporting documentation (e.g., published peer-reviewed scientific literature) by email to policy.provider.feedback@bluecrossmn.com.

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