



Advance Notice of Member Responsibility

As of September 1, 2014, Blue Cross Blue Shield of Michigan has a policy called Advance Notice of Member Responsibility. To follow the policy's guidelines, health care providers must notify members prior to rendering any services and after they have verified Blue Cross will reject medical claims for certain services. If members choose to receive those services, they must:

- Agree to accept total financial responsibility for those services
- Sign this Advance Notice of Member Responsibility form prior to receiving those services, and **the provider must keep this form in the member's file**

If a provider properly issues a notice, the member will be held financially responsible for the reason indicated by the provider below. **But a provider who fails to properly issue a notice will be held financially responsible for the medical service.** The provider will not be allowed to bill or collect funds from the member, and the provider must refund money collected from the member.

Important information about this form:

- For an extended course of treatment, this form is valid for one year. If the course of treatment extends beyond one year, a new form is required each year for the remainder of the treatment.
- Once signed by the member, this form may not be modified or revised. When a member must be notified of new information, a new form must be provided and signed.
- The Advance Notice of Member Responsibility form does not apply to Medicare primary and MESSA group members.

Reasons for rejection of claims

Provider instructions: Please fill out the fields below and indicate which statement summarizes why you believe Blue Cross is likely to deny payment of the member's services:

Blue Cross medical criteria have **not** been met.

Blue Cross doesn't usually pay for this many treatments or services.

Blue Cross doesn't usually pay for this service.

Blue Cross doesn't pay for this service because it's a treatment that hasn't been proven safe or effective.

Blue Cross doesn't pay for this many services within this period of time.

Blue Cross doesn't pay for such an extensive treatment.

Blue Cross doesn't pay for this medical equipment for the illness or condition stated.

Other: _____

Provider name	
Provider address	
National provider identifier	Provider signature

Member information

Provider instructions: Please fill in the fields below and have the Blue Cross member sign and date the “Member’s acknowledgement and agreement to pay for services” section.

Member’s name
ID or contract number
Group name and number (excludes Medicare primary and MESSA group members)

Date of service	Procedure codes	Total dollar amount of member responsibility \$
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Date member benefits were verified (MM/DD/YYYY)	Note: Please contact the customer service number on the back of the member’s card for verification purposes.
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A source of benefits verification is required for this form. Please indicate what Blue Cross tool was used to verify the member’s coverage. (Circle one)

Web-DENIS, CAREN, Benefit Explainer

Other: _____

Member’s acknowledgement and agreement to pay for services

My health care provider has notified me he or she believes that Blue Cross Blue Shield of Michigan will deny payment for the services identified above. I agree to assume full responsibility for payment.

Member’s signature	Date (MM/DD/YYYY)
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General statements such as “I never know if Blue Cross Blue Shield of Michigan will deny payment” are not acceptable. A Blue Cross Blue Shield of Michigan member or his or her representative has the right to appeal a claim decision if there is dissatisfaction with the amount of payment, denial of coverage for services or supplies, or if the original claim was not acted upon within a reasonable time. The health care provider has the right to appeal a claim decision when assignment is accepted. As a health care provider offering items and services to Blue Cross Blue Shield of Michigan members, you may appeal an initial determination if (1) you accepted assignment on the claim or (2) you are acting as the duly authorized representative of the member.