

McLaren Print System Order

Order No: 6635
Order Date: 2014-10-21
User: Shelby Coolbaugh
Phone: 517-975-3803

Ship Location: MGL Primary Care
2270 Jolly Oak Rd, Suite 1
Okemos , MI 48864

Forms

Quantity: 100
Paragon Dept No: 67750
Dept Name: MGL Primary Care
Company Number: 810

Order Total Price: 34.74

Item Number: WP 13875
Item Description: BCBS Advance Notice of Member Responsibility (Editable Form Download Available - Click Preview)
Revision Date:
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill:
Misc Info:



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: _____