

Member Advance Notice Form - Referral to Non-Preferred Provider

Your physician is referring you to a non-preferred/non-participating provider for services. If your Blue Shield of California or Blue Shield Life & Health Insurance Company health plan offers benefits for services rendered by non-preferred/non-participating providers, you may receive services from non-preferred/non-participating providers, but you may have higher out-of-pocket costs when accessing non-preferred/non-participating providers.

You do have the option of receiving services from a Blue Shield preferred provider in order to obtain the maximum benefits available under your health plan. If you would like to use a preferred provider, please ask your physician to arrange for the services to be provided by a preferred provider. If you have questions or wish to locate a preferred provider, contact Blue Shield Customer Service at the telephone number listed on the back of your identification card or log onto blueshieldca.com to search the online Preferred Provider Directory.

To be completed by the referring physician:

Type of referral:

- non-preferred/non-participating physician / specialist / other professional provider
- non-preferred/non-participating facility
 - ambulatory surgery center (ASC) dialysis center skilled nursing facility infusion center
- other non-preferred/non-participating provider
 - durable medical equipment (DME) company home health / home infusion company
 - other (please list) _____

referring physician's name:
patient's name:
member ID:
name of non-preferred/non-participating provider:
reason for referral to non-preferred/non-participating provider:

To be completed by the patient or patient's parent/legal guardian (if patient under age 18):

By signing below, I acknowledge that I understand that the provider listed above is not a preferred provider with Blue Shield of California. I am also aware that I may be responsible for higher copayments and costs in excess of Blue Shield's allowable amounts, up to the provider's total billed charges, if I receive services from this non-preferred/non-participating provider. I was offered and declined the opportunity to select a Blue Shield preferred provider to provide these services and am voluntarily choosing to obtain services from this non-preferred/non-participating provider and accept financial responsibility for any additional cost for the service.

signature of patient or parent/legal guardian (if patient under age 18):	
printed name of patient or parent/legal guardian (if patient under age 18):	
date:	daytime phone number:

March 15, 2013

Subject: **Update to the January 2013 Independent Physician and Provider Manual**

Dear Provider:

This letter alerts you to a change to Blue Shield of California's (Blue Shield) *Independent Physician and Provider Manual* that will become effective **May 15, 2013**. On that date, you can search and download the revised manual on Provider Connection at blueshieldca.com/provider in the *Guidelines & Resources* section.

Pursuant to the change, the following new section will added to the *Independent Physician and Provider Manual*:

Section 3: Medical Management

USE OF NON-PREFERRED/NON-PARTICIPATING PROVIDERS

Members should be referred to a preferred/participating provider for services whenever possible to maximize the benefits available to them under their benefit plans and to provide those benefits at the lowest possible cost to the members. A provider type includes, but is not limited to, the provider types listed in the *Independent Physician Provider Manual*. Examples of other provider types include hospitals, ambulatory surgery centers, and DME vendors.

To assist members in making informed choices, Blue Shield requires providers to discuss the option of utilizing a preferred/participating provider when making a referral to a non-preferred/non-participating provider for non-emergent services. This policy is not intended to dissuade members from utilizing their non-preferred benefits, but instead is intended to help them understand the impact of their decisions. Often the use of a non-preferred/non-participating provider results in reduced benefits and/or higher out-of-pocket costs to the member.

If, after discussing the options available, the member chooses to receive services from a non-preferred/non-participating provider, the referring physician and the member must complete the *Member Advance Notice Form Referral to Non-Preferred Provider*, available on blueshield.com/provider in the *Guidelines & Resources*, then *Forms* section. (The form is also included on the back of this letter.) The original completed form must be filed in the member's medical record and be made available to Blue Shield within five (5) business days from the date of the request by Blue Shield.

The *Independent Physician and Provider Manual* is referenced in the agreement between Blue Shield and those physicians and other healthcare professionals who are contracted with Blue Shield. If a conflict arises between the *Independent Physician and Provider Manual* and the agreement held by the individual and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the January 2013 version of this manual, please contact the Blue Shield Provider Liaison Unit at (800) 258-3091.

Sincerely,

Provider Relations
Blue Shield of California