



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Federal No Surprises Act: Additional claim information required from nonparticipating health care providers for open negotiations

For Blue Cross Blue Shield of Michigan and Blue Care Network commercial members

February 2023

If you think a claim was incorrectly processed or that it qualifies for — and you wish to pursue — the negotiation process, submit this completed form along with the federal 30-day [Open Negotiation Notice](#)* form from the U.S. Department of Labor. You can access that form through bcbsm.com/caaproviders.

Complete one form per member. Include all appropriate claims.

Provider name: _____ **Provider phone number:** _____

National Provider Identifier: _____

Subscriber name: _____ **Subscriber ID:** _____

Patient name: _____

Claim ID	Date of service	Total claim charge	Reason code (see below)	Rationale for request
Example: E1234567890	11/1/2021	\$500.00	A	<i>Explanation and rationale detail</i>

Reason codes for negotiation requests:

- A. Requesting payment in excess of allowance. Provide rationale.
- B. Don't think the claim qualifies as a surprise bill. Provide rationale.
- C. Other. Provide rationale.

Form completed by: _____ **Date:** _____



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If you previously submitted the federal form requesting negotiation, resubmit a copy of that form with this request.

Send this form along with a completed copy of the federal form to
federalsurprisebillingIDR@bcbsm.com.

*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.