

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 exemptions from surprise billing

For Blue Cross Blue Shield of Michigan and Blue Care Network commercial members January 2022

If you used the federal notice and consent process that allows balance billing of the member in certain scenarios, submit this completed form along with a copy of the notice and consent form signed by the member. (The preferred form is the Centers for Medicare & Medicaid Services form that form through bcbsm.com/caaproviders.)

titled Standard Notice and Consent Documents Under the No Surprises Act.* You can access Complete one form per member. Include all appropriate claims.

Provider name: National Provider Identifier:				Provider phone number:
Patient name:				
Claim ID	Date of service	Total claim charge	Reason code (see below)	Rationale for request
Example: <i>E1234567890</i>	11/1/2021	\$500.00	Α	Explanation and rationale detail
Reason codes f	or exemption	n requests:		
A. Obtained	notice and	•		on this service so surprise billing does not by member.
B. Don't thir	nk 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 a copy of the notice and consent form signed by the member, resubmit a copy of that form with this request.

Send this form along with a completed copy of the notice and consent form signed by the member to:

Blue Cross Blue Shield of Michigan Federal Surprise Billing Dispute Imaging and Support Services P.O. Box 44405 Detroit, MI 48233-9998

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.