



Blue Cross and Blue Shield of Texas Facility Out-of-Network Care Enrollee Notification Form

BCBSTX Enrollee Notification – We strongly encourage you to call BCBSTX Customer Service at the number on your ID card before you have out-of-network services. A customer service representative can explain your possible greater financial liability if you choose an out-of-network treatment option. This potential liability includes an impact on in-network and out-of-network deductibles and a significant “balance bill” that will be your financial responsibility.

Physician - It is essential that Blue Cross and Blue Shield of Texas (BCBSTX) PPO and POS enrollees fully understand the benefits impact of an out-of-network referral by an in-network physician to a hospital, ambulatory surgery center (ASC) or other facility that does not have a contractual relationship with BCBSTX.

Prior to scheduling covered services with an out-of-network provider, network physicians must complete this form when presenting an out-of-network provider option for future treatment to a BCBS PPO or POS enrollee if such services are also available through a BCBSTX in-network provider. The referring network physician must provide a copy of the completed form to the enrollee, and should also maintain a copy of this form in his or her records.

Physician Name: _____

BCBS Enrollee Name: _____

Enrollee ID#: _____ Enrollee phone #: _____

BCBS Enrollee Signature: _____

Name of In-network provider option(s) discussed: _____

Name of out-of-network provider option discussed: _____

Reason for referring out-of-network: _____

Does the Physician or a family member of the Physician have an ownership interest in the out-of-network provider where this referral is offered? Yes No

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