BC/BS Insured Patients Acknowledgement of Responsibility

To Our Valued BC/BS Patients:

We are glad to accept BC/BS insurance, but we are a / have become a *non*-participating BC/BS provider. This simply means that BC/BS will now usually send ALL correspondence and payments to you instead of to us.

Please be aware, that BC/BS instructs non participating providers to request their patients pay the bill in full at the time services are rendered, however, we do not want to put that financial burden on our patients. As a professional courtesy, we will submit to your insurance for you. When you receive their correspondence and/or payment, you will then turn over all that you received over to our office.

Please note that we provide such services to our patients as long as the following is agreed upon by initialing below:

I understand that I may be receiving the correspondence / checks from BC/BS. I agree to give the payment AND copies of ALL correspondence to the office within 7 days of receiving the information myself _______ (initial please).
 I understand that I need to turn over copies of ALL correspondence I receive, even if there is no check attached. I have been advised that BC/BS explanation of benefits may show other valuable information such as deductibles applied and other denials which my provider may need for appeal / resubmission ______ (initial please).
 I understand that as an out of network provider, BC/BS may only provide limited information about claims payment. If there is a claim that BC/BS is stating was processed to me which I insist was not received, I understand that I may need to have a conference call with my carrier, your billing dept and myself ______ (initial please).
 I have been advised of the credit card debit program ______ (initial please). This is

Again, thank you for being our patient and we are glad to provide this service for you, we just ask that you work with us while we assist in having your claims processed for you.

optional per office and should be approved by your legal council.