



BlueCross BlueShield of Texas

This form cannot be used as a referral authorization form. If there are no in-network provider options available, a referral authorization request for an out-of-network provider should be submitted by the referring physician through Availity® Authorizations & Referrals tool or by contacting BCBSTX Medical Management at 1-855-896-2701.

Out-of-Network Care - Enrollee Notification Form for Regulated Business ("TDI" is on the member's ID card)

[ ] Blue Choice PPO SM

[ ] Blue Advantage HMO SM (for Blue Advantage Plus HMO point-of-service benefit plan)

Enrollee Notification – You are free to choose a participating/preferred provider or an out-of-network provider. However, choosing an out-of-network provider may result in higher out-of-pocket expenses for you. We encourage you to call the Customer Service phone number provided on your membership ID card so a service representative can explain your possible greater financial liability when choosing an out-of-network provider. This potential liability includes an impact on deductibles, and your responsibility for amounts in excess of the Allowable Amount in your plan (the "balance bill"), which may be substantial. There is no balance bill for covered service rendered by network providers.

Using out-of-network providers results in no penalties, with the exception of the consequences mentioned above. Blue Cross and Blue Shield of Texas (BCBSTX) encourages you to research options for treatment to ensure the best possible care, at the best possible price.

Physician – It is important for Blue Choice PPO and Blue Advantage Plus HMO enrollees to fully understand the financial impact of an out-of-network referral to a physician, professional provider, hospital, ambulatory surgery center or other facility that does not participate in their BCBSTX provider network.

Prior to referring a Blue Choice PPO or Blue Advantage Plus HMO enrollee to an out-of-network provider for non-emergency services, referring network physicians must complete this form if such services are also available through an in-network provider. The referring network physician should provide a copy of the completed form to the enrollee, and retain a copy in enrollee/patient's medical record files.

Physician Name: \_\_\_\_\_

Enrollee Name: \_\_\_\_\_

Enrollee ID#: \_\_\_\_\_ Enrollee phone #: \_\_\_\_\_

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

Name of out-of-network provider option discussed: \_\_\_\_\_

PHYSICIAN DISCLOSURE: I or a family member has an ownership interest in or will benefit from the referral to the out-of-network provider above: Yes \_\_\_\_\_ No \_\_\_\_\_

I have reviewed this form with the patient/enrollee, and the patient/enrollee has acknowledged the information contained in this form and was offered a copy for his or her records.

Physician Signature

Date

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.