

As noted in section 4.5 of the Preferred Medical Doctor (PMD) contract, the physician is responsible for notifying the patient of noncovered services or those services not medically necessary for the treatment of his/her condition.

Before performing these services, you should obtain the patient's signature on a written statement of noncovered services.

This document should explain to the patient which services they will be responsible for and the amount of the charge.

To help you notify patients of noncovered services, a suggested form is provided on the second page of this document.

An additional form may be drafted to address noncovered services, such as cosmetic surgery or non-medically necessary services (i.e., use of low osmolarity contrast media for non-medically indicated conditions).

These services should be specifically noted on the form as being Noncovered. The following list is an example of noncovered services, however, some groups may cover these:

- Routine services
- Routine eye examinations
- Cosmetic surgery

Depending on the subscriber's contract, these services may be eligible for coverage under Major Medical but are not payable as a PMD benefit:

- Durable Medical Equipment and Supplies
- Mental and Nervous Conditions
- Physical Therapy
- Allergy Testing and Treatment*

***Note:** Allergy testing and treatment are covered under Major Medical for most groups. If you are doing allergy testing and treatment, be sure to verify how the patient's contract handles allergy services.

Section 4.8 of the PMD Agreement states:

"Physician agrees to complete and file on a timely basis all claims for benefits for Medical Services rendered to members."

It is best to file all claims so you as the provider will receive a remittance and the patient will receive an explanation of benefits stating the service is noncovered. Please note that credit card payments can be made for copayments and deductibles; however, a member may not be charged for a noncovered service unless you have obtained a signed "Notification of Noncovered Services" waiver (scroll down to view). Credit cards should not be kept on file for payment of noncovered services.

Notification of Noncovered Services

Patient Name	Home Phone	Cell Phone
Address		

As your physician, I want to provide you with the best care possible. There are services that I feel are necessary for the treatment of your condition and maintenance of good health that are not covered by your Blue Cross and Blue Shield of Alabama health benefits contract. You are expected to pay for those services in full.

Let me reassure you that I will order only the tests and treatments that I feel are necessary for your treatment and care. If you have any questions about whether or not a particular service is covered by your health benefits contract, someone in our office will be happy to assist you.

Thank you for your understanding.

Noncovered Service(s)	Patient Signature*	Date	Monies Due

**I have read your policy and agree to pay for the services outlined above that are not covered by my contract as indicated by my signature for each date above.*