Louisiana

Blue Cross CAA Consent Submission Form

Complete this form to notify us a non-participating provider obtained patient consent to balance bill a Blue Cross and Blue Shield of Louisiana (BCBSLA), HMO Louisiana, Inc. (HMOLA), Federal Employee Program (FEP) or BlueCard®(out-of-area) member.

The Centers for Medicare and Medicaid Services (CMS) has published a consent waiver form that non-participating providers can use to obtain patient consent. The federal **Standard Notice and Consent Documents Under the No Surprises Act** (consent form) is available at www.cms.gov/nosurprises >Policies and Resources >Overview of Rules & Fact Sheets >Guidance & Technical Resources.

Note: This Blue Cross CAA Consent Submission Form is not a patient consent waiver. Our form simply allows Blue Cross to obtain additional information to match the patient consent waiver to your electronic claim.

Member ID: _____

(please include the three-character prefix or "R" for FEP members)

PATIENT INFORMATION	
Patient's Full Name	Patient Date of Birth
Claim Number(s)	Patient Account Number
Date(s) of Service	Amount Charged

PROVIDER INFORMATION	
Provider Name	
Provider Address	
National Provider Identifier (NPI)	Provider Tax ID
Name of Person Completing Form	Contact Phone Number
Date Form Completed	Contact Email Address

SUBMISSION INFORMATION		
Mail: Blue Cross and Blue Shield of Louisiana – Claims Processing P.O. Box 98029 Baton Rouge, LA 70898-9029	Fax: (225) 298-1848 Attn: Blue Cross and Blue Shield of Louisiana – Claims Processing	Email: help@bcbsla.com

For more information on patient consent requirements, see the Non-Participating Providers section of our *Professional Provider Office Manual*. The manual is available online at www.BCBSLA.com/providers >Resources >Manuals.