

Pre-Service Denial Notice

Provider Name	Provider Number
Member's Name	Member's ID Number
Item/Service Denied _____	
Estimated Cost: _____	
<p>There are certain items and services that are <u>not</u> paid for by Original Medicare or FreedomBlue PPO, even some care that you or your health care provider have good reason to think you need. We expect that FreedomBlue PPO may not pay for the Item/Service listed above.</p> <p>WHAT YOU NEED TO DO NOW.</p> <ul style="list-style-type: none"> • Read this notice, so you can make an informed decision about your care. • Ask any questions that you may have after you finish reading. • Choose an option below about whether to receive the item/service listed above. 	
<p>OPTIONS: Check only one box. We cannot choose a box for you.</p> <p><input type="radio"/> OPTION 1. I want the Item/Service listed above. You may ask to be paid now, but I also want FreedomBlue PPO billed for an official decision on payment, which is sent to me on an explanation of benefits (EOB). I understand that if FreedomBlue PPO doesn't pay, I am responsible for payment, but I can appeal to FreedomBlue PPO by following the directions I receive from FreedomBlue PPO.</p> <p><input type="radio"/> OPTION 2. I want the Item/Service listed above, but do not bill FreedomBlue PPO. You may ask to be paid now as I am responsible for the payment. I cannot appeal if FreedomBlue PPO is not billed.</p> <p><input type="radio"/> Option 3. I don't want the Item/Service listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if FreedomBlue PPO would pay.</p>	