

# Notice of Personal Financial Obligation

Providers cannot bill Blue Cross and Blue Shield of Kansas members for services that have been determined medically unnecessary or experimental/investigational unless the member has been given written notification in advance of receiving the service that they will be responsible. All claims for services that are medically unnecessary or experimental/investigational must be submitted to BCBSKS with a copy of the Notice of Personal Financial Obligation. This process ensures that members receive notice of their appeal rights. For more details, refer to the BCBSKS institutional provider manual.

The BCBSKS provider contract reflects:

“The contracting provider shall not bill members for services which have been determined medically unnecessary, experimental/investigational, have been denied due to Utilization Review, and/or are patient demanded services unless the member has been given written notification in advance that specific services will be the member’s responsibility. This notification is referred to as the Notice of Personal Financial Obligation (NOPFO).

Generic or all-encompassing notifications without advanced written authorization by BCBSKS shall not be deemed to meet the specific notification requirement mentioned above. In instances where medical necessity is questionable, the Contracting Provider may contact BCBSKS medical review department for a predeterminaton of coverage. This provision applies to inpatient, outpatient and partial-day services.

All claims for services for which the member has been given a NOPFO shall be submitted on a paper UB-92 claim form with the NOPFO form attached. Charges shall be billed as on-covered. If the member does not want the claim to be filed, then obtain this instruction in writing from the member and keep it on file with the NOPFO.”

**Section 1**

Patient Name \_\_\_\_\_

Patient Identification No. \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Read before signing:**

I have been informed and do understand the charges for:

\_\_\_\_\_

services provided to me beginning on \_\_\_\_\_ (date) through the date of discharge **will not be covered by Blue Cross and Blue Shield of Kansas, Inc.** because these services are considered medically unnecessary or because it is not necessary to be hospitalized to have these services performed or because the services are experimental/investigational.

**Section 2**

I request that these services be performed even though they will not be paid by Blue Cross and Blue Shield of Kansas, Inc. **I understand that I will be held personally responsible for the full fee of approximately \$\_\_\_\_\_.** This amount is an approximation only, based on the procedure/services scheduled to be performed and may be more if additional services become necessary.

Acknowledgement of personal financial obligation applies to charges for services specified above when performed by this provider AND any other provider whose services are related to or associated with the services I have requested on this form.

**Patient/member signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note to Patient: If you disagree with our determination you have appeal rights with your insurance company. You may contact the Blue Cross and Blue Shield of Kansas Customer Service Department for further information on your appeal rights.

Check one of the following:

I, \_\_\_\_\_ (witness name), did personally observe the patient/member whose signature appears above and do certify that he/she did read this notice, was given an opportunity to ask questions and did affix his/her signature in my presence.

Neither the patient nor member was available to sign the Notice of Personal Financial Obligation prior to \_\_\_\_\_ (scheduled start of care date). I, \_\_\_\_\_ (provider representative), did personally inform \_\_\_\_\_ (name of person informed) of the complete details of this notice by telephone on \_\_\_\_\_ (date) and advised him/her that other arrangements would have to be made prior to that date unless he/she agreed to accept personal financial responsibility. They have agreed to sign the notice at the earliest possible time.

I, \_\_\_\_\_ (witness name), did personally observe that this Notice of Personal Financial Obligation was presented to and verbally explained to \_\_\_\_\_ (name of person informed) by \_\_\_\_\_ (provider representative) on \_\_\_\_\_ (date). This individual refused to sign the notice even though he/she was informed that Blue Cross and Blue Shield would not pay for charges on and after date shown above and that the facility would look to him/her for payment on and after that date if the patient remained in this facility. The stated reason for not signing was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness signature**

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Representative Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form needs to accompany the paper claim as non-covered.