

UTILIZING HOSPITAL-BASED SERVICES

PRE-TREATMENT CHECKLIST

In-network deductible and coinsurance: \$350, 20% member. Out-of-network deductible and coinsurance: \$750, 40% member.

A SUBSCRIBER NAME	
Name (Last, First, Middle)	Employee ID/Benefits ID (BID)
B CHECKLIST	
<p>1. Is your provider a BCBSTX in-network provider? <input type="radio"/> yes <input type="radio"/> no If no, do you need help locating an in-network provider?* <input type="radio"/> yes <input type="radio"/> no</p> <p>1.a. Please note, if you choose an out-of-network provider, ask them for an estimate of your costs.</p> <p>2. If receiving out-patient or in-patient services, ask your treating physician or facility who will be providing services. Are the following provider types in the BCBS network?</p> <p>Anesthesiologists <input type="radio"/> yes <input type="radio"/> no</p> <p>Pathologists <input type="radio"/> yes <input type="radio"/> no</p> <p>Radiologists <input type="radio"/> yes <input type="radio"/> no</p> <p>Assistant surgeons <input type="radio"/> yes <input type="radio"/> no</p> <p>3. When receiving treatment at the emergency department, be aware that many emergency physicians are out-of-network. For non-emergency situations contact BCBSTX* for assistance locating a network doctor or urgent care center.</p> <p>4. If having lab work (pathology), will the lab tests be processed by an in-network lab? <input type="radio"/> yes <input type="radio"/> no</p> <p>5. Have you been referred for a MRI or CT scan? <input type="radio"/> yes <input type="radio"/> no Call BCBSTX's Benefits Value Advisor* to find an in-network provider and save \$100 copay.</p> <p>*Blue Cross Blue Shield Customer Service: (866)882-2034. Have your UT SELECT Medical ID Card available when you call.</p>	
ver. 090616	

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