



MASSACHUSETTS

# WRITTEN ESTIMATE: CHECKLIST

You can now request a written cost estimate for medical procedures and treatments, but only for services within Massachusetts. We work directly with the top health care providers in Massachusetts to get the additional information needed to complete your estimate request.

The information provided below will be used to calculate your written estimate. We will respond to your estimate request within two business days of receipt of all necessary information.

## Member and Service or Procedure Information

All of the information in this section is required to initiate a request. This information, along with the provider-supplied details on the next page, will be used to calculate your written estimate.

### Patient Information

☐ Full Name: \_\_\_\_\_

☐ Member ID: \_\_\_\_\_

### Servicing Provider<sup>1</sup> Information

☐ Servicing Provider's Full Name: \_\_\_\_\_

☐ Servicing Provider's Phone Number: \_\_\_\_\_

### Medical Procedure or Treatment Description

☐ Procedure(s) or treatment for which you are requesting an estimate (example: I am requesting an estimate for a left knee replacement):

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

### Facility Information:

(if service is being performed at a facility, such as a hospital or freestanding MRI or lab facility)

☐ Facility Name: \_\_\_\_\_

☐ Facility Phone Number: \_\_\_\_\_

☐ Facility Address  
(Street, City, State): \_\_\_\_\_

\_\_\_\_\_

1. A provider could be a doctor, clinician, DME provider, audiologist, physical therapist, chiropractor, etc.

## Questions?

Feel free to call us at the number on the front of your ID card.

## Provider and Procedure or Diagnosis Code Information

If you have this information, you may include it. Otherwise, we will contact your physician or provider to obtain the necessary information. Note: It is necessary to include all procedure codes for the treatment requested to get the most accurate estimate. For example: arthroscopic knee repair may also include anesthesia, labs, X-rays, and other procedures.

### Provider Information

☐ Servicing Provider NPI (National Provider Identifier), a 10-digit number used to identify the health care professional rendering the service (for billing purposes)

☐ Facility NPI (National Provider Identifier), a 10-digit number used to identify the facility (for billing purposes)A

☐ Procedure Codes: (up to 10) to identify the treatment or services being performed: e.g., either CPT (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) codes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

☐ Diagnosis Codes: (one per procedure, if available) to identify diagnosis: e.g., ICD Code (International Classification of Disease).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### Next Steps

- Go to <https://member.bluecrossma.com/request-estimate>. You must be logged into your MyBlue account.
- Complete the Written Estimate form (using the information you gathered above) and submit it.

Please note: If you do not have the provider NPI and procedure or diagnosis code, we will contact your provider for that information.

### What to Expect

Expect to receive your written estimate within two business days of receipt of a complete and accurate request by mail, secure email, or fax. (There is a place on the Written Estimate form to indicate how you'd like to receive it.) Our normal business hours are 8:00 a.m. to 6:00 p.m. ET.

### Disclosure Information:

To request an estimate, a member must meet eligibility guidelines and be an active member. An estimate doesn't guarantee coverage. Each admission, procedure, or service must be a

medically necessary, covered benefit and meet medical policyA guidelines. In addition, all prior authorizations and referrals must be obtained, if necessary.

Estimates are based on the information provided to Blue Cross Blue Shield of Massachusetts, and medical information available at the time the estimate is requested. Should this information change or should unforeseen services arise out of the proposed admission, procedure, or service, the actual amount you will be responsible for may vary. If additional services or claims are received between the time an estimate is requested and the time you receive the service, the level of benefits may change.A For example, the amount applied toward your deductible and out-of-pocket maximum may change.

The quality of health care services you receive can be different depending on the hospital or doctor's office youA choose. You can find more information about the qualityA of hospitals and doctors' offices with our Find a Doctor toolA at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor).

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).