

Form for AZ Blue Member to Waive the Protections Against Billing for Services Deemed Investigational or Not Medically Necessary

This form may be used for members with AZ Blue commercial benefit plans to support requirements for a valid written waiver of billing restrictions for services and claims that are not covered under the protections of the No Surprises Act. For members with Medicare Advantage plans, a preservice organization determination must be requested through the prior authorization process. This form is not applicable for commercial plans administered by a third-party administrator (TPA) or another Blue Plan (BlueCard® out-of-area plans).

Patient Name	Member ID
Ordering Provider Name and NPI	
Name of Provider(s) Rendering Services	

Your provider has recommended that you receive the following medical services or items:

Services/Items	Estimated Costs
Services/Items	Estimated Costs
Additional Information	

We, _____ (*name of provider rendering services*), will submit a claim to AZ Blue, but expect that AZ Blue will not pay for these services/items because AZ Blue will determine that the services are either:

- Not medically necessary benefits under your health plan
- Investigational under current evidence-based criteria

The fact that AZ Blue might not pay for a particular service or item does not mean that you should not receive it. Please feel free to ask us to explain why AZ Blue might decide that the services or items are not medically necessary or are investigational, and why we recommend that you receive the services/items.

Because _____ (*name of provider rendering services*) is contracted with AZ Blue, if the claim is denied for the reasons listed above, we are not allowed to bill you for the service unless you agree to pay us. The purpose of this form is to help you make an informed choice about whether you want to receive these services/items, knowing in advance that you might have to pay for them yourself.

Choose **one** option, check **one** box, and then **sign** and **date**.

☐ **YES. I want to receive these items or services. I understand that:**

- ✓ AZ Blue will not decide whether to pay unless I receive these items or services and my provider submits a claim to AZ Blue.
- ✓ AZ Blue will decide whether to pay based on the claim my provider submits, any supporting medical records, the terms of my benefit plan, and current evidence-based criteria.
- ✓ If AZ Blue denies the claim as not medically necessary or investigational, I will have to pay for these services myself, and I agree to be personally and fully responsible for payment.
- ✓ If AZ Blue does pay the claim, you will refund to me any advance payments I made to you that are due to me.
- ✓ I can appeal AZ Blue's decision to deny payment of the claim.

☐ **NO. I have decided that I do not wish to pay for these services/items if they are not medically necessary or considered investigational under my benefit plan. I understand that my provider may choose not to provide these services because I have not agreed to pay.**

Signature of patient or person acting on patient's behalf

Date

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