Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Exception Payment Request Form
For Self-Funded ERISA, Self-Funded non-ERISA groups

Group Name	Group Number
Subscriber's Name	Date of Service
Patient's Name	Type of Service (CPT or HCPC code)
Contract Number	Quantity
Provider: Physician (First and Last Name, Specialty)/Hospital Name	Member Diagnosis
Provider BCN NPI	Provider Contracting Status (par or non-par)
Physician/Hospital Charges	
Prescription Drug Name	Prescription Drug Strength
Required Payment Amount	Prescription Drug Payment (if applicable)

ERISA Status □ ERISA □ ERISA Exempt

The following applies only to self-funded ERISA groups:
The new DOL regulations require all plan fiduciaries to verify that all similarly situated participants in a group health plan are treated in the same manner and that all benefits are paid in accordance with the group's plan documents. Therefore, because the above approved benefit is not part of your group's benefit design, you acknowledge that all other similarly situated plan participants will be entitled to the same benefits effective immediately. You agree that you will work with BCN to implement this change to be a permanent part of the plan design.

Signature of Authorized Group Representative	Printed Name	Date

Please ensure that all necessary documentation (i.e. medical bills) is attached to this form when being returned to your BCN representative.

To be completed by BCN

Special Instructions:_____

Signature of BCN Representative	Printed Name	Date