



Member Acknowledgement Statement

This statement is a sample of suggested language. Please feel free to incorporate into your letterhead as appropriate.

“I understand that, in the opinion of [provider name or group name, Tax ID], the services of items that I have requested to be provided to me on [dates of service] may not be covered under BCBSTX as being reasonable and medically necessary for my care. I understand that the Texas Health and Human Services Commission or its health-insuring agent determines the medical necessity of the services or items that I request and receive if these services or items are determined not to be medically necessary for my care.”

“Comprendo que, segun la opinion del [nombre de proveedor], es posible que BCBSTX no cobra los servicios o las provisiones que solicite el fecha del servicio] por no considerarlos razonables ni medicamente necesarios para mi salud. Comprendo que la Comision Salud y Servicios Humanos de Texas o su agente de seguros de salud determina la necesidad medica de los servicios o de las provisiones que el cliente solicite o reciba. Tambien comprendo que tengo la responsabilidad de pagar los ervicios o las provisiones que solicete y que reciba si despues de determina que esos servicios y provisiones no fueron o son razonables ni medicamente necesarios para mi salud.”

Member Name: _____

Member ID: _____

Type of Service: _____

Cost of Service: \$ _____

Member Signature: _____ Date: _____