

**Blue Cross and Blue Shield of Minnesota
and Blue Plus**

P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-8000 / (800) 382-2000



Dear member:

You requested a cost estimate from Blue Cross and Blue Shield of Minnesota or Blue Plus that explains what your health plan will pay for a health care service at a specific provider. Please follow the steps below so that we may process your estimate.

To obtain your health care cost estimate

1. Ask your doctor or clinic to complete the Request for Cost Estimate Hospital and Other Facility Services form on the back of this letter. You can also ask your provider to download forms from **providers.bluecrossmn.com** and then “forms & publications.”
2. This form must be filled out completely in order for a cost estimate to be processed.
3. Once your provider has completed the form, either you or your provider can return it to Blue Cross at the fax number or mailing address on the form.
4. Blue Cross will process your request within 10 business days of receiving the completed cost estimate form.

Only an estimate

Please note that the cost information you will receive is a good faith estimate only and is not legally binding on Blue Cross. The exact amount your health plan will pay can't be determined until we receive a claim from the provider and process it.

Other health cost resources available

Online tools with general information about the cost of health care services are also available to you. Simply sign in to the online member center, myBlueCross, at **members.bluecrossmn.com** (or the web address on the back of your member ID card). If you haven't already done so, you'll need to register before entering this web site. Both of the tools below are found using the “choosing care” tab, then “see all cost & quality resources,”

- **Average medical cost estimate:** See average costs for over 70 common medical conditions and procedures.
- **Care Comparison[®]:** Find estimated costs and quality information for dozens of common medical procedures performed at hospitals, imaging centers or outpatient surgery centers.

If you have questions, please call Customer Service at the number on the back of your member ID card.

This information is also available in other ways to people with disabilities by calling customer service at **(651) 662-8000** (voice), or **1-800-382-2000** (toll free).

For TTY: Call **(651) 662-8700**, or **1-888-878-0137** (TTY), or 711, or through the Minnesota Relay direct access numbers at **1-800-627-3529** (TTY, Voice, ASCII, Hearing Carry Over), or **1-877-627-3848** (Speech-to-Speech).

Hours: 7 a.m. to 8 p.m. Central Time, Monday through Friday

Attention: If you want free help translating this information, call the above number.

Atención: Si desea ayuda gratis para traducir esta información, llame al número que aparece arriba.

Sincerely,
Customer Service

X16332R05 (12/13)

bluecrossmn.com



**REQUEST FOR COST ESTIMATE
PROVIDER SERVICES**

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MEMBER: Use this form for any provider services (e.g., doctors psychiatrists, chiropractors).
Please fill out this section and ask your provider to complete the rest of the form.
This form must be filled out completely in order for a cost estimate to be processed.

Member Name _____ (First and Last) Member Phone _____

Patient Name _____ (First and Last) Patient Birth Date _____

Identification Number _____ (shown on member ID card) Group Number _____

Anticipated Service _____ (i.e., D&C, sigmoidoscopy, breast biopsy)

PROVIDER: Please complete all sections below with best-available information. If not date is indicated BCBSMN will base its estimate on the date the estimate is processed.

Blue Cross and Blue Shield of Minnesota Provider Number _____ NPI# _____

Charge	CPT Code	Modifier		Date of Service	Last Date of Service	Place of Service	Diagnosis	Unit of Service	Individual Practitioner Number
		1	2						

_____ **Total Charge**

Provider contact for questions _____ (First and Last name)

Contact's Phone Number _____ Date Completed _____

Please return form:
 fax: 651-662-2745 - OR -
 mail: Blue Cross and Blue Shield of Minnesota
 Incoming Service Center
 P.O. Box 64560 St. Paul, MN 55164-0560