

Third-Party Payer Form



Instructions: As described in the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Third-Party Payer Guidelines, third parties who propose to make payment for any premium and/or cost-sharing amounts must fully complete and submit this form via one of the following methods:

Email: Incoming.Service.Center@bluecrossmn.com

Mail: Blue Cross and Blue Shield of Minnesota and Blue Plus
PO Box 982811
EL Paso, TX 79998

Member or Applicant's Name: _____

Member or Applicant's Date of Birth: _____

Member ID (if applicable): _____

Reference Number (for internal use only): _____

1. Provide the following information about the third party:

Name: _____

Address: _____

Phone Number: _____

2. What is the third party's relationship with the applicant/subscriber/member?

Family member/relative paying for the policy. State the person's name and relationship: _____. Proceed to step 8.

Self-employed individual paying for their own coverage.

Health care facility or clinic, provider of health services or supplies, a for-profit commercial entity, a religious institution, a nonprofit organization, or a foundation.

Individual Coverage Health Reimbursement Arrangement (ICHRA)

Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

Other (describe): _____

3. Is the assistance provided on the basis of the enrollee's financial need? Yes No

4. Is the assistance provided on the basis of the enrollee's health status or medical condition? Yes No

5. Will the financial assistance be provided for the entire policy year? Yes No

6. Does the third-party payer have any "direct" or "indirect" financial interests? To determine whether a "direct" or "indirect" financial interest may exist, refer to the Third-Party Payer Guidelines: bluecrossmn.com/members/shop-plans/third-party-payments-premiums-andor-cost-sharing or contact customer service at the number below to obtain a paper copy Yes No

If Yes, explain in detail the nature and extent of the financial interest (attach a separate page if needed):

7. What would the third-party be paying for in relation to the coverage?

Check all that apply:

- Premium
- Cost sharing (for example: deductible, copayment, coinsurance)
- Prescription drug costs
- Other (describe):

8. I understand Blue Cross relies upon the accuracy of the information I have provided in order to determine eligibility as a third-party payer. Even if approved as eligible, if such information is determined not to be true, approval will be withdrawn. Any cost sharing paid by ineligible third parties will not be counted toward an enrollee's deductible or out-of-pocket maximum. Blue Cross may make retroactive adjustments to the account for any payments made by ineligible third parties. Blue Cross maintains sole discretion with respect to its acceptance of third-party payments. Blue Cross may make changes to its administration of same at any time and as otherwise needed to support compliance with law and/or applicable regulatory guidance. Any person or entity that violates these restrictions and/or makes any ineligible third-party payment will be held responsible for and will be required to reimburse Blue Cross for all costs associated with the relevant plan or policy related to the violation or ineligible payment. By my signature below, I represent and attest that I am duly authorized to bind the third-party payer that is the subject of this form.

If you have questions about this form, please contact customer service at **1-800-382-2000**.

Signature: _____

Date: _____

Print Name: _____

Relationship to Proposed Third-Party Payer: _____

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကညီကိုင်စီး, တာကဟ့ၣ်နၢက့ၣ်တာၢၤတၢၢ်ကလီတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهااتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화 하십시오. TTY 사용자는 711 로 전화 하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éi t'áájíík'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojł éi béesh bee hodíłnih 1-855-902-2583. TTY biniiyégo éi 711 jł' béesh bee hodíłnih.

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