BlueCross BlueShield of Oklahoma
PO Box 660712
Dallas, TX 75266-0712

July 01, 2019

MEMBER NAME
MEMBER ADDRESS
MEMBER CITY STATE ZIP

Have questions about this letter?
Contact us at the number on your Member ID card.

<MEMBER FULL NAME>, AN IMPORTANT UPDATE ON YOUR REQUEST

YOUR REQUEST HAS BEEN APPROVED

The services or procedure you requested has been approved as medically necessary.

Approved Service Procedure	Request ID	U12345BCBSOK
E2402 / Negative pressure wound therapy electrical pump, stationary or portable		

Effective Date	Expiration Date	Days/Units Certified	Days/Units Total
07/01/2019	08/01/2019	1	3

Onset of Service / Admission Date	05/01/2019

Subscriber ID	000000000001	Treatment Setting	Home
Member	Member Name	Physician	PHYSICIAN NAME
Date of Birth	02/30/1971	Facility/Provider	PROVIDER NAME
Admission Date	05/01/2019		

UPDATES OR CHANGES TO YOUR REQUEST? LET US KNOW

To ensure benefit coverage, please call us at 855-462-1784 **IF**:

You need additional visits / services
We'll need to do an additional review of benefits before adding days/units of service to this approval. Be sure to contact us before the expiration date listed above to ensure coverage.

Things have changed
Let us know if any of the following have occurred since submitting your request:

- The treatment plan or level of care is changed
- The ordering physician or facility is changed
- The date of service is changed or cancelled

Note to Provider: Service codes that do not require medical review are processed as approvals unless these services(codes) are ancillary to a primary service which has been denied or lacks contractual benefit.

QUESTIONS? WE'RE HERE FOR YOU

For more information about your benefits, log in to your Blue Access for Members℠ (BAM℠) account at bcbsok.com/login.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

MAKE THE MOST OF YOUR NETWORK

One way to keep your costs down is to stay in network. To find the right doctors for you, visit Blue Access for Members (BAM) at bcbsok.com

APPROVAL DOES NOT GUARANTEE PAYMENT

To receive benefits, you must be eligible. The terms, rules and limits of your plan will be applied. Benefits will also be based on whether the Provider(s) used for treatment are eligible with the plan's network. For questions or more details, please refer to your benefits information or call Customer Service.

KNOW YOUR COSTS

You are responsible for the premiums, deductibles, copayments and coinsurance associated with your plan. If you'd like to learn more about keeping these costs down visit Blue Access for Members (BAM) at bcbsok.com and click on the Find a Doctor link.

NOTE ABOUT PROVIDERS

If an out-of-network provider is used for any part of your approved service or procedure, you may be responsible for significant out-of-pocket costs. If you need help finding in-network providers, call our Customer Advocates at the number on your Member ID card.

Coverage, benefit and payment decisions are not treatment decisions. Should you and your doctor decide to move forward with the proposed service/procedure, we wish you good health.

Sincerely,

Blue Cross and Blue Shield of Oklahoma
Health Care Management Department

A copy of this letter has been sent to:

PROVIDER NAME	FACILITY NAME
PROVIDER ADDRESS	FACILITY ADDRESS
PROVIDER CITY STATE ZIP	FACILITY CITY STATE ZIP