BlueCross BlueShield of Mississippi

It's good to be Blue.

Non-Network Provider
Written Direction of Payment

As the insured, I hereby give written direction to Blue Cross & Blue Shield of Mississippi to make benefit payment to the Non-Network Provider indicated below.

I understand that if payment of benefits is made to the Non-Network Provider, the Non-Network Provider will accept Blue Cross & Blue Shield of Mississippi's payment in full for all covered services and that the Non-Network Provider will only bill or collect from me any applicable deductible, coinsurance or co-payment or charges for non-covered services.

The written direction is for services rendered for a one year period beginning on the Benefit Assignment Effective Date unless otherwise indicated by the Benefit Assignment End Date or until assignment is revoked by the insured.

Insured's Name:_____

Insured's Blue Cross & Blue Shield of Mississippi Identification Number:_____

Non-Network Provider:_____

Tax ID:_____

NPI:_____

Benefit Assignment Effective Date:_____

Benefit Assignment End Date (if applicable): _____

I have read and fully understand this written direction of payment.

Insured's Signature:_____ Date:_____

Non-Network Provider Instructions: Fax completed form to 601-664-4864 or 1-800-598-6643.

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company,
is an independent licensee of the Blue Cross and Blue Shield Association.