



**BlueCross BlueShield
of Illinois**

May 15, 2008

Dear

This letter is in response to a request for service(s)/procedure(s) provided by an out-of-network provider. The out-of-network payment provision set forth in your Certificate of Benefits booklet or Summary Plan Description has been waived to allow charges for the requested services to be paid at the in-network payment level. When an out-of-network provider is utilized, the patient may be responsible for any charges above the amount allowed for in-network benefits determined by Blue Cross and Blue Shield of Illinois. These charges are in addition to any applicable deductibles, coinsurance and/or copayments. Your Health Plan, clinical guidelines and physician review were utilized in determining this payment decision. Benefits for the following service(s)/procedure(s) have been approved as described below.

Patient Name:
Date of Birth:
Subscriber ID:
Case #:
Physician: PHYSICIAN PROVIDER
Facility/Provider: IBS TREATMENT CENTER
Treatment Setting: PHYSICIAN'S OFFICE
Onset of Service/Admission Date: APRIL-28-2008

Service Procedure Code: 99214
Service Procedure Description: OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: - A DETAILED HISTORY; - A DETAILED EXAMINATION; - MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

Effective Date	Expiration Date	Days/ Units Certified
April-28-2008	October-28-2008	1

Please contact the phone number on the back of your card prior to the above listed expiration date if an additional review of benefits is needed for further days/units of service. In order to reassure benefit coverage, Blue Cross and Blue Shield of Illinois must also be notified if any of the following occur:

- The treatment plan or level of care is changed.
- The ordering physician or facility is changed from that noted above.
- The date of service is changed or cancelled.



Page 2 of 2
May 15, 2008

Approval through the Health Care Management Department is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary Plan Description as well as the preexisting condition waiting period, if any. For questions regarding benefits, please contact the Customer Service unit at the telephone number listed on the back of your health insurance card. You remain responsible for any out-of-pocket requirements, including, but not limited to, coinsurance, copayments, deductibles and/or non-covered charges.

As always, the decision whether to receive the proposed service/procedure remains between you and your health care providers. Coverage, benefit and payment decisions do not constitute treatment decisions.

A copy of this information has also been sent to the provider/facility and physician.

Sincerely,

Blue Cross and Blue Shield of Illinois
Health Care Management Department

cc: Physician Provider

Ibs Treatment Center
1229 Madison
Ste 1220
Seattle, WA 98104

