

# IBM Member Coinsurance Request Form

**Instructions:** Please complete each of the fields listed below. Incomplete forms will be returned to the member. In order for coinsurance to be calculated, both the CPT or HCPC code as well as the provider's charges for the specific code must be provided.

Fax the completed form to 518-386-7763 or mail to: IBM Member Services, MVP Select Care, Inc., PO BOX 2207  
Schenectady, NY 12301-1434

Member Name \_\_\_\_\_

Member ID Number \_\_\_\_\_ IBM Plan Type \_\_\_\_\_

Member Address \_\_\_\_\_

Member City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member Phone Number \_\_\_\_\_

Provider MVP ID Number \_\_\_\_\_

Provider Name (first, last, degree) \_\_\_\_\_

Provider Address \_\_\_\_\_

Provider City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provider Phone Number \_\_\_\_\_

Place where service will be performed?

- Provider's Office
- Inpatient Facility    Please provide name of facility \_\_\_\_\_
- Outpatient Facility    Please provide name of facility \_\_\_\_\_
- Other                      Specify \_\_\_\_\_

CPT or HCPC (Maximum of 10 Per Form)		Provider's Charges	Coinsurance Amount
Code	Brief Description	(Per Code)	(To Be Completed by MVP)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**IMPORTANT - Please note the following:**

- Coinsurance amounts given will be based upon the fee schedule as of the date the form is submitted.
- Coinsurance amounts given do not include facility charges, anesthesia, pathology or other separately billed services.
- The CPT and/or HCPC codes provided must be medically necessary covered services, and the member must be eligible for benefits in order for any claims to be paid. Some services may require pre-authorization. This form is not a guarantee of coverage or eligibility.
- Depending on the plan in which you are enrolled, a deductible may apply to the service. If you are unsure of your deductible amount, or whether you have satisfied your deductible (or your out-of-pocket maximum) for the year, please contact IBM Member Services at 1-800-765-3773.
- For providers **not participating** with MVP (or non-participating with Cigna or MultiPlan in areas outside of MVP's service area), coinsurance amounts are based upon Usual and Customary Reimbursement (UCR) for the following service categories: Anesthesia, Chiropractic Care, Maternity Services, Surgery (including assistant surgery). The member would be responsible for any balance due above the UCR amount.

*For Local Use Only:*

Date Received by IBM Member Services _____	
Member Plan Type _____	Coinsurance % _____ Par or Non-Par _____