



**ALTERNATIVE DENTAL PROCEDURE
PAYMENT RESPONSIBILITY FORM**

Pursuant to Louisiana Senate Bill 73, which amended and/or reenacted La. R.S. 22:1513(C)(2)(b); 22:250.43(C) and 22:250.48, a Blue Cross and Blue Shield of Louisiana (BCBSLA) member may choose any type, form, or quality of dental procedure, for which insurance coverage is not available, as long as the member approves in advance and in writing the charges for which he/she will be responsible. Additionally, if a member receives a dental diagnosis from a contracted provider that qualifies for a covered service pursuant to the member's contract/certificate or dental contract, the member may:

1. Choose the covered service provided for in the member contract/certificate or dental contract for the treatment of the condition diagnosed; or
2. Choose an alternate type, form, or quality of dental procedure of equal or greater price to treat the diagnosed condition. If the member chooses this option, he/she must agree in advance and in writing to pay the difference between the allowed amount of the covered service and the amount of the chosen alternative service or procedure.

Key Dentists should attach this form to the dental claim form when a member chooses an alternative, non-covered treatment.

Dentist Information	
Dentist Name	Provider Number
Contact Name	National Provider Identifier (NPI)
Phone Number	Fax Number
Covered Service	
CDT Code	Description
Additional CDT Code	Description
Alternative Treatment/Service	
CDT Code	Description
Additional CDT Code	Description
Member Information	
By receiving the above alternative treatment/service, I agree that I will be responsible for the difference between the allowed amount paid by BCBSLA and the amount charged by the dentist for the chosen alternative service or procedure.	
Member Signature	Date
Member Name (please print)	Contract Number