

INFORMATION LETTER TO PATIENT and/or PROVIDER/PHYSICIAN

<Date>

**Member Name:**

**Member ID:**

**Plan Name:** < Blue Shield TotalDual Plan (HMO D-SNP) H5928-005 OR Blue Shield TotalDual Plan (HMO D-SNP) H5928-055 OR Blue Shield Inspire (HMO D-SNP) H5928-054>

**Attending Physician's Name:**

**Requested Service:**

Dear <Name>:

Thank you for being a member of <Provider Organization>. We are writing to let you know that <insert provider organization name>, under contract with Blue Shield of California, is not able to provide nor authorize the above requested service(s).

Please know that this is **not** a denial of service. Instead, we have contracted with <provider of service> to provide this service to you. You do not have to submit your request again. You can get this service without prior authorization by contacting <provider of service>. At <telephone number> (TTY: during the hours <hours>).

If you have any questions, please contact us at **<organization 800 number and hours>**.

We value you as a member and want to make sure you get the care you need. We look forward to being here for you.

Sincerely,

<Provider Organization Representative>

cc:

Enclosure(s):

"Notice of Non-Discrimination"

"Language Assistance Notice"