



**PPO OUT-OF-POCKET EXPENSE CREDIT FORM**

**YOUR UPDATES CANNOT BE PROCESSED UNLESS A PAID STATEMENT IS ATTACHED**

Regulation Sec. 1301.140. OUT-OF-POCKET EXPENSE CREDIT. (a) An insurer shall credit toward an insured's deductible and annual maximum out-of-pocket expenses an amount the insured pays directly to any physician or healthcare provider for a medically necessary covered medical or healthcare service or supply if a claim for the service or supply is not submitted to the insurer and the amount paid by the insured to the physician or healthcare provider is less than the average discounted rate for the service or supply paid to an equivalently licensed or authorized preferred provider under the insured's preferred provider (PPO) benefit plan.

Member ID Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Group Number: \_\_\_\_\_  
*Last First M.I.*

Insured's Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Birth Date: \_\_\_\_\_  
*Last First M.I.*

Relationship to Insured:

- Insured
- Dependent
- Spouse
- Other: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Provider: \_\_\_\_\_

**For member out-of-pocket paid services attach:**

A detailed paid statement from the provider that has the following information: member name, member DOB, member ID, provider name, provider address, provider phone number, provider TIN, provider NPI, diagnosis code(s), date of service, procedure code(s), billed amount charged for each service performed and paid for. Mail to:

Baylor Scott & White Health Plan  
Attn: Claims - Accumulator Update/Benefits  
1206 West Campus Drive  
Temple, TX 76502