



# NDC Reimbursement Schedule Request Form

Blue Cross and Blue Shield of Montana (BCBSMT) requires the use of National Drug Codes (NDCs) and related information when drugs are billed on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. Allowances are not a guarantee of payment.

The NDC Reimbursement Schedule is a key component of your contractual relationship with BCBSMT.

BCBSMT Participating Providers accept the responsibility of verifying the identity, eligibility and coverage of the patient or Member prior to rendering services.

Participating Provider Name					
Rendering NPI (If applicable)			Billing NPI (If applicable)		
Tax ID					
Address where services are rendered	City		State	Zip	County
Telephone Number				Date	
Email Address					
Would you like to receive the BCBSMT Provider communications at this email address?	Yes		No		
Would you like to receive the NDC Reimbursement Schedule at your email address or via mail?	Email Address		Mailing Address		

Unless otherwise indicated, the most current NDC Reimbursement Schedule will be sent.

For additional versions, please indicate the Month(s) and Year(s) of the NDC Reimbursement Schedules being requested in the box below.

Month(s)/Year(s)	<i>Example: Dec 2013, March 2014</i>
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By way of signature and in accordance with the BCBSMT Participating Provider Agreement, Provider agrees to an obligation of Confidentiality, including but not limited to the Maximum Reimbursement Allowance. Provider acknowledges an Agreement has been entered into with BCBSMT, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Authorized Signature	
Name of Signatory:	
Title of Signatory:	
Date Signed:	

Email: [HCS-X6100@bcbsmt.com](mailto:HCS-X6100@bcbsmt.com)

Questions? Call Provider Network Management at 800-447-7828, Ext. 6100