

**Information on the Parties and Item(s) and/or Service(s)**

[*Enter name of provider initiating negotiations and include provider NPI*] is initiating an open negotiation period with Blue Cross and Blue Shield of Vermont for the out-of-network rate of the following item(s) and/or service(s). To negotiate, please send the completed form to [OONProviders@bcbsvt.com](mailto:OONProviders@bcbsvt.com).

Item(s) and/or service(s) [insert additional rows as appropriate]

	Description of item(s) and/or service(s)	Date of service	Service code	Allowed Amount <i>(if no allowed amount, write N/A)</i>	Initial payment <i>(if no initial payment amount, write N/A)</i>	Offer for total out-of-network rate or requested allowed amount <i>(including any cost sharing)</i>
1.						
2.						
3.						
4.						
5.						

Explain the basis for requesting something other than what was paid on the claim. Include additional attachments if necessary.

---



---

If you would like to contract with us to become an in-network provider, please check this box.

_____ Signature	_____ Date
_____ Print Name	_____ Relationship to person(s) or entity listed above
_____ Mailing Address	_____ Telephone number
_____ Email Address	

Please keep a copy of this notice for your records.