

Medical Provider Medical Necessity Certification

Premera Blue Cross
Membership & Billing, MS 187
P.O. Box 91059
Seattle, WA 98111-9159



Federal law, known as "Michelle's Law," provides a continuation of health care coverage to eligible dependent children who are on a medically necessary leave of absence (or reduction in hours) from full-time student status at a qualifying school (e.g., college or university) due to a serious illness or injury. The treating medical provider should use this form to document the need for leave and description of the medical condition.

1. Patient—Complete This Part

Name of dependent		Member ID	
Name of subscriber		Group number	Group name
Street address			Phone number
City		State	ZIP
Name of school			Last date attended (mm/dd/yyyy)

2. Physician—Complete Below (Any fee for the completion of this form is the responsibility of the subscriber.)

Start date of illness or injury		Diagnosis or name of condition	
Start date of leave from school (date of first missed class)			
Estimated date that child could return to school full-time (needed to estimate length of extension)			
Description of factors that require the leave of absence _____ _____ _____			
Provider name		Degree of signer (must be M.D., D.O., A.R.N.P. or P.A.)	
Street address	City	State	ZIP

I certify that I am treating the aforementioned person for a serious illness or injury that, in my professional opinion, requires a reduction in hours or leave of absence from full-time school attendance.

Provider signature X	Date
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3. Return Instructions

Forms should be mailed to Premera Blue Cross Membership and Billing at:

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