



**BlueCross BlueShield  
of Montana**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

**The Montana University System (MUS) Vision Plan has a new vendor for its hardware as of July 1, 2014. Blue Cross and Blue Shield of Montana (BCBSMT) will process the hardware benefits for MUS.**

**MUS members have been informed they must pay for their hardware at the time of the visit and should request a "walk-out" statement (itemized statement). Once BCBSMT receives the statement, BCBSMT will issue a check to the MUS member.**

**The claim can be faxed to 406-437-7885, or mailed to BCBSMT, P.O. Box 7982, Helena, MT 59604.**

**The following information must be included on the itemized statement:**

- **Name and address of provider;**
- **Patient's name and date of birth;**
- **Diagnosis code(s) (illness or condition treated);**
- **Procedure code(s) (type of service provided);**
- **Date(s) of service;**
- **Charge for each service; and**
- **BCBSMT health plan ID number.**

**For vision hardware, the diagnosis and procedure codes are not required but the receipt must clearly identify the item being purchased.**

**The vision exams will be processed by the medical plan that the participant has chosen -- BCBSMT, Allegiance, or Pacific Source.**

**Thank you for your attention to this very important matter.**