



Notice of Out-of-Network Status

Dear Patient:

According to the insurance information we have on file for you, either **the services you are requesting are out-of-network with your insurance plan provider or the insurance plan is generally not accepted within the Health System.** Depending on your plan benefits, you may be responsible for higher out-of-pocket expenses when utilizing an out-of-network provider. Additionally, for both Hospital and Physician Service rendered, you may be billed the difference between full charges and any payment(s) received by the Hospital and Physician providers from your Plan. This is referred to as balance billing.

In some instances, Health Plans will negotiate with Providers under a Single-Case Agreement to reduce the member's out of pocket expense when justifiable. If you have received a referral for care at any AU Health location, you have the option of working with your referring physician's office to complete the attached Patient Request for Out-of-Network Insurance Verification/Single Case Agreement form to include the plan authorization number for services requested or supporting clinical documentation to justify the request for a Single-Case Agreement. Upon receipt of the completed form at the email or fax, a representative will contact you to confirm your plan's network status with AU Medical Center and will request on your behalf, a single-case agreement for requested services. The form may also be submitted for assistance in obtaining a Single-Case Agreement for plans not accepted within the Health System.

You also have the option of obtaining immediate care under our self-pay guidelines or in filing your out-of-network plan benefits if available, which may be subject to balance billing as explained above. If you need payment assistance, **contact Customer Service at 706-721-2961.** Financial Counselors will work with you in setting up payment arrangements for any balances due.

For reference, a list of insurance plans and networks accepted by AU Health is provided on the attached Patient Request for Insurance Verification/Coverage of Out-of-Network Services form. If you have updated insurance information, please contact us as soon as possible at 706 721-2961.

Thank you for considering AUHealth.

Patient Request for Out-of-Network Insurance Verification/Single Case Agreement

Return Completed Form & Attachments to insurance@augusta.edu or Fax: (706) 721-2521

SECTION I: Patient Information New Patient Established Patient *(check one)*

Patient Name: _____ DOB: _____

Patient Relationship to Insured: Self Dependent Other *(check one)*

Contact: _____ Phone: _____
(If Different from Patient)

SECTION II: Insurance Information: *(Attach a Copy of Insurance ID Card - Front and Back)*

Insurance Plan: _____ Network: _____

Insured Name: _____ Insured Plan ID _____

Is this a change in Coverage? YES / NO If Yes Effective Date: _____

SECTION III: Physician Information & Services Requested *(Attach additional information if necessary)*

Referring Physician: _____

Address: _____ Phone: _____

Reason for Referral: _____ Scheduled Visit Date: (if using OON Benefits) _____

Closest In-Network Provider: _____

Requested Treating Physician: _____ Phone: _____

Specialty _____

Diagnosis Code(s) _____ Dx Description _____

Procedure Codes/ Other _____

Authorization # (if Provided by Plan) _____ Authorization Period _____

SECTION IV: Attachments

Copy of Insurance ID (Front and Back) (Required)

Physician Referral Other: _____

SECTION V: Single Case Agreement Status *(To be completed by Contracting Office only)*

Single Case Agreement Status: Approved Denied

Insured Benefits Applied: In-Ntwk Out-of-Ntwk

Comments: _____

Partial Reference of Insurance Plans/Networks Accepted at AU Health Locations

For full listing visit

www.augustahealth.org/insurance

HEALTH INSURANCE EXCHANGE PLANS/AFFORDABLE CARE ACT HEALTH PLANS

Blue Cross-Blue Shield of Georgia/National Blue Card Network Plans

MEDICARE ADVANTAGE

Blue Cross-Blue Shield of Georgia
United Healthcare
First Choice VIP Care Plus/Select Health of South Carolina
Wellcare

CARRIER PLANS

Aetna
Blue Cross Blue Shield of Georgia
Cigna
United Healthcare
Coventry HMO of Georgia

PPO NETWORKS

Beech Street
Coventry
First Health Network
Humana Choice Care Network
Industry Buying Group

GEORGIA MEDICAID

GA Medicaid Fee for Service (Traditional)
Amerigroup
Caresource
Peachstate
Wellcare

SOUTH CAROLINA MEDICAID

SC Medicaid Fee for Service (Traditional)
Absolute Total Care
First Choice/Select Health of South Carolina
Molina
Wellcare

TRANSPLANT

Blue Cross Blue Shield of Georgia Transplant Network (Bone Marrow and Kidney Transplant)
National Transplant Network (Kidney Transplant Only)
Optum Health (Bone Marrow and Kidney Transplant)
Cigna Lifesource (Kidney Transplant Only)

BEHAVIORAL HEALTH

Magellan Behavioral Health
United Behavioral Health
Humana Tricare