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 AUHealth 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 Georgia Regent’s 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

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 AUHealth 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
- Humana National POS (Choice Care Network)
- United Healthcare Compass Plans

### MEDICARE ADVANTAGE
- Blue Cross-Blue Shield of Georgia
- Care Improvement Plus
- 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
- Peachstate
- Wellcare

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

### TRANSPANT
- Blue Cross Blue Shield of Georgia Transplant Network
- National Transplant Network (Kidney Transplant Only)
- Optum Health
- Cigna Lifesource (Kidney Transplant Only)

### BEHAVIORAL HEALTH
- Magellan Behavioral Health
- United Behavioral Health
- Value Options (Tricare Only)