

[HEALTH PLAN OR PROVIDER ORGANIZATION LETTERHEAD]

(Use 12-point font)

COMMERCIAL

Informational Letter to Member and/or Provider/Physician

(Issue for carve-out situations when group is referring member and/or physician to another entity or source for authorization of services that the group does not have responsibility for authorizing.)

[Date]

[Name of Member]
[or Member's representative]
[Address]
[City, State, ZIP]

Member's Name:
DOB:
Member ID#:
Health Plan Name:
Attending Provider/Physician:
Requested Service:

Dear [Member Name]:

This notice is to inform you that [insert provider organization name], under contract with [insert Health Plan name], is not responsible for authorizing the above requested service(s). This is not a denial of service.

Please contact [insert Health Plan name at X-XXX-XXX-XXXX or TTY/TDD at X-XXX-XXX-XXXX. **Or, if known, insert other health care provider i.e., VSP at phone number 1-XXX-XXX-XXXX**] for further assistance regarding the requested service(s).

Sincerely,

Provider Organization Representative

C: Member File
Requesting Physician
PCP
Health Plan