

[HEALTH PLAN OR PROVIDER ORGANIZATION LETTERHEAD]

(Use 12-Point Font)

Medicare Advantage

INFORMATIONAL LETTER TO PATIENT AND/OR PROVIDER/PHYSICIAN

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

[Date]

[Name of Patient
or Representative]
[Address]

Patient Name:
Patient ID#:
Health Plan Name:
Attending Physician's Name:
Requested Service:

Dear [Patient Name]:

This is **NOT** a denial of service. This notice is to inform you that [insert provider organization name], under contract with [insert Health Plan name], is not responsible for providing or authorizing the above requested service(s). Your health plan has contracted with [insert name of carve out provider, i.e. VSP] to provide this service.

Your request does not have to be re-submitted for you to receive this service. It can be arranged by you directly without prior authorization by contacting [name of entity responsible for carved-out service] at telephone number [telephone number of responsible entity] or TDD/TTY number [TDD/TTY number] during the hours [insert hours available].

If you have any questions, please contact your health plan, [insert Health Plan name] at **X-XXX-XXX-XXXX** or TTY/TDD at **X-XXX-XXX-XXXX**, between the hours [insert hours available] for further assistance regarding the requested service(s).

Sincerely,

Provider Organization Representative

[Insert all that apply]:

C: Patient File
Requesting Physician
PCP
Health Plan