

<Delegated Entity Name and Logo>

<Date>

<Provider Name>

<Provider Address>

<Provider City>

<Provider State>

<Provider ZIP>

**RE: Notice to Provider that Patient's Coverage is Suspended While Premiums Due Are Delinquent
Patient: <Member First and Last Name>/<Subscriber R#>**

Dear <Provider Name>:

According to our records, you provided medical services to the above-referenced enrollee within the past three months. This enrollee's premium payment is delinquent and his or her eligibility for services has been suspended.

The Affordable Care Act affords this enrollee a three-month grace period in which to make payment of all premiums due. During the first month of the grace period, coverage remains in effect and claims for covered services are eligible for payment. However, during the second and third month of the grace period, the enrollee's coverage is suspended and claims for services rendered during this period are pended.

Our records indicate that the enrollee is in the second and third month of the three-month grace period, which began on [conditionally insert APTC Delinquency Start Date <month day, year>]. Consequently, any outstanding authorizations for services provided by Health Net or a delegated entity are no longer valid. If you render services to this enrollee while coverage is suspended, your claim will be pended. If the enrollee makes timely payment of all premiums due before the end of the grace period, then coverage is reinstated and claims for covered services are eligible for payment. If the enrollee does not pay all premiums due before the end of the grace period, his or her coverage will be terminated as of the end of the first month of the grace period and no claims will be paid for services rendered after that date.

Please be advised that if you are a Health Net participating provider, you are under no contractual obligation to provide services to this enrollee while his or her coverage is suspended and you may require payment from the patient at the time you render services.

You may obtain additional information through the Health Net Provider Services Center online at www.healthnet.com, by email to provider_services@healthnet.com, or by calling 1-888-926-2164.

Sincerely,

<Delegated Entity Signature
and contact information>

<Delegated Entity Legal Name>

NOSPRVPROTOTYPE3bV1
(11/15)