

NOTE: THIS LETTER IS ONLY APPLICABLE TO APTC MEMBERS (who enjoy the described 3 month grace period and the option to have the described “suspension” of coverage in lieu of termination)

<<plan logo and/or delegate logo>>

<<payer name>>

[<<address1>>]

[<<address2>>]

[<<city>>, <<state>> <<zip>>]

[<<phone>>]

[<<website>>]

<<Date>>

<<enrollee name>>

<<enrollee address 1>>

<<enrollee address 2>>

<<enrollee city>>, <<enrollee state>> <<enrollee zip>>

Member date of birth: <<enrollee dob>>

Member ID: <<subscriber_id>><<subscriber dependent num>>

Health plan: Health Net of California, Inc.

Facility: <<primary provider name>>

[Planned admission date: <<planned admit date>> *remove if this information is not available]*

Initial authorization number: <<authorization number>>

RE: Notice that Authorization for Service(s) Has Been Rescinded

Dear <<enrollee name>>:

<<Plan/delegate name>> has received an authorization request from the above practitioner that <<plan/delegate name>> authorized for the coverage of additional inpatient days under your plan benefits. Unfortunately, <<plan/delegate name>> cannot provide such authorization at this time.

This determination applies to the following services(s):

Requested service: <<bed type>> – <<bed type description>>

[<<**Service code:** <<service code>> <<service description>>]

[Requested Service, Service Code (if applicable) and Service Description above repeat for each requested service, otherwise remove and single space this section.]

As described in the Notice of Suspension of Coverage, which Health Net sent to you on <<date>>, your coverage is currently suspended due to non-payment of premiums. Your premiums are more than one month past due. As a result, any authorizations that <<plan/delegate name>> previously provided are no longer valid. There is no further coverage for services rendered until premiums are paid in full. <<plan/delegate name>> encourages you to discuss treatment options and financial arrangements directly with your health care provider if you intend to continue receiving services prior to paying premiums.

If you receive services while your coverage is suspended, <<plan/delegate name>> will pend any claims received for these services. If you pay outstanding premiums in full before the three-month grace period expires, your coverage will be reinstated and claims for covered services rendered at any time during the three-month grace period will be processed. If Health Net does not receive premiums payment, coverage is terminated on the last day of the first month of the three-month grace period and no claims for any services rendered after the first month will be eligible for coverage or payment.

Please be advised that during the time your coverage is suspended, a Health Net contracting provider is not contractually

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required to provide services to you and the provider is free to require payment from you when rendering services.

If you have any questions or concerns regarding this information, please contact the Health Net Customer Contact Center at <<1-888-926-4988>> <<(TDD/TTY: 1-888-926-5180)>>, <<Monday through Friday, 8:00 a.m. to 6:00 p.m.>>

Sincerely,

[<<reviewer’s name>>]

[<<reviewer’s title>>]

<<plan/delegate signature>>

[<<cc: <<requesting provider>>

<<requesting provider address 1>>

<<requesting provider address 2>>

<<requesting provider City>>, <<requesting provider state>> <<requesting provider zip>>

<<primary provider >>

<<primary provider address 1>>

<<primary provider address 2>>

<<primary provider city>>, <<primary provider state>> <<primary provider zip>>]