

PPG OOPM NOTIFICATION LETTER (HOSPITALIZATION)

(Current Date)

(Inside Address)

Attention: PPG Administrator

Regarding: _____

Subscriber ID: _____

Group No: _____

Contract Type: _____

Dear _____:

We have been notified that the above member has met his/her Out-of-Pocket Maximum for 20 _____.

This member met the maximum copayment of \$_____ while hospitalized on _____. Health Net has reimbursed your member for copayments in excess of the maximum. Please be advised that you should not collect any additional copayments for the above-stated year from this member. If you have, please refund the member any copayments collected after _____.

If you have any questions, please call Health Net Member Services at (818) 719-6810 or (800) 522-0088.

Sincerely,

Health Net