

Out-of-Network Claims Questionnaire



Please provide all of the requested information below. Remember to attach an itemized bill for each out-of-network claim you are submitting for review. If you have any questions, please call us at the customer service number on your Health Net ID card.

1. Patient's Health Net ID# _____		2. Patient's Date of Birth _____ / _____ / _____	
3. Patient's Name _____		4. <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Member's Address _____		City _____	State _____ Zip _____
6. The daytime phone number where you may be reached if we have more questions: (_____) _____ - _____			
7. Is the patient a full-time student out of the service area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. If the attached claim has been caused by an automobile accident, please submit this and all related claims to your no-fault insurance carrier. If the attached claim has been caused by the patient's employment, please submit this and all related claims to the employer's Worker's Compensation carrier. If Health Net is your secondary insurance plan, please submit this claim to your primary insurance carrier. Once a determination has been made by either No-Fault, Worker's Compensation or another primary insurance carrier, submit a copy of the original bill and a copy of their explanation of benefits to Health Net for further consideration.			
9. Please provide a detailed explanation as to the specific nature of illness or injury and why a Health Net physician/provider was not utilized. (Please attach additional pages if needed.) _____ _____			
<p>Please send claims and written inquires to: ACS/Health Net P.O. Box 14700 Lexington, KY 40512</p> <p>Members: If you have any questions regarding claims please call the customer service number on your ID Card. Providers: Call (800) 438-7886</p> <p>Note: Claim information should be submitted on a completed HCFA-1500 or UB-92 form.</p>			

Out-of-network services are underwritten by a subsidiary Health Net. In New York, services may be underwritten by The Guardian Life Insurance Company of America.