

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 the NYSNA Benefits Fund at (877) RN BENEFITS.

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. Participant'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 workers' 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, workers' 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.) _____ _____	
Please send Medical Claims and written inquires to: ACS/Health Net P.O. Box 14700 Lexington, KY 40512	Please send Mental Health/Substance Abuse claims to: MHN Claims Department P.O. Box 14621 Lexington, KY 40512-4621
Members: If you have any questions regarding claims please call the NYSNA Benefits Fund at (877) RN BENEFITS. Providers: Call (800) 438-7886	
Note: Claim information should be submitted on a completed HCFA-1500 or UB-92 form. Time requirements for claim filing and instructions on how to appeal a claim payment decision can be found in your Evidence of Coverage (EOC). A delay in filing a claim or appealing a claim payment decision could forfeit your right to benefits that may otherwise be covered under your plan.	