



**PPO Out of Network Lower Cost Provider Benefit
Request Form**

You may qualify to have your Out-of-Network expenses applied to your In-Network Deductible and Out-of-Pocket Maximum if:

- You are enrolled in a PPO plan between January 1, 2019 and December 31, 2024
- The price of the out-of-network provider is the same or less than the statewide average for the same covered health care service
- Your service falls within one of these service categories
 - Physical/Occupational Therapy
 - Laboratory Services
 - Radiology and Imaging Services
 - Infusion Therapy
- Your service occurred within the past 90 days of this request

To determine the statewide average of a health care service, you will need to use comparemaine.org, a website maintained by the Maine Health Data Organization (MHDO). If you do not have access to the internet, the MHDO will provide the required information over the phone. Contact the MHDO at (207) 287-6722, Monday through Friday 8:30 a.m. to 5 p.m.

Follow the instructions on the tool to determine the lowest cost provider for your service. You may need to obtain more specific information about your service from your provider such as procedure description or procedure code.

Once you have determined the lowest cost provider for your service. You will need to elect to use that provider to perform the service.

Once you have decided to use the lowest cost provider, search our Provider Directory at www.healthoptions.org/individuals-families/doctors-hospitals to determine if they are in our network. If the provider is a member of our network, and any prior authorization requirements, if any, are met, then you need to do nothing further as the PPO Out of Network Lower Cost Provider benefit does not apply.

If the provider is not in our network and you choose to use the provider for your service, you may request that we apply your payment towards your In-Network Deductible and Out-of-Pocket maximums.

Please complete the form and submit it, along with all required documentation to:

Community Health Options
Mail Stop 200
PO Box 1121
Lewiston, ME 04243

If you have any additional questions, please call Member Services at 1-855-624-6463.



Use this form to request that the Out-of-Pocket expense incurred when using a Lower Cost Out-of-Network Provider be applied towards your In-Network Deductible and Maximum Out-of-Pocket limits.

Please complete a separate form for each applicable service. If you have any questions on completing this form, please call Member Services at 1-855-624-6463.

Please complete the following information:

SUBSCRIBER INFORMATION							
Last Name	First Name	M.I.	Subscriber ID#				
MEMBER (PATIENT) INFORMATION							
Last Name	First Name	M.I.	Date of Birth				
			/ /				
Mailing Address			Member ID #				
City		State	Zip Code				
PROVIDER INFORMATION							
Provider Name		Provider NPI					
Group/Facility Tax ID #		Group/Facility NPI					
Provider Street Address		City, State Zip					
Provider Mailing Address (if different)		City, State Zip					
CLAIM INFORMATION							
Service Category							
<input type="checkbox"/> Physical/Occupational Therapy		<input type="checkbox"/> Radiology and Imaging					
<input type="checkbox"/> Laboratory Services		<input type="checkbox"/> Infusion Therapy					
Date of Service	Diagnosis Code	Procedure Code	Modifier	# of Units	Place of Service (POS)	Charge Amount	Paid Amount
/ /							
/ /							
/ /							
Totals						\$	\$



ATTESTATION AND SIGNATURE

I attest that the above information is true and accurate and that the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be cancelled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Community Health Options may request any additional information it deems necessary to verify that services were received and/or payment was made.

Print Name	Member/Guardian Signature	Date
		/ /

Please attach the following information and submit it along with the Request Form:

- Copy of the Lowest Cost Provider information from <https://www.comparemaine.org/>.
- Copy of the provider’s bill to you, including Date of Service, Service Provided, Amount Billed and Amount Paid
- Proof of your payment to the Provider

Please include your Name and Member ID# on all forms.

Submissions can be sent to:

Community Health Options
 Mail Stop 200
 PO Box 1121
 Lewiston, ME 04243

Community Health Options will process your request, or reach out to you for further information, within 30 days of receipt of all required documentation.



NON-DISCRIMINATION NOTICE

Community Health Options does not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card.

If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. If you need help filing a complaint, please contact Nancy Johnson, Assistant Vice President of Compliance and Regulatory Affairs at P.O. Box 1121, Lewiston, ME 04243; by telephone at 1-855-624-6463 TTY/TDD 711; by email at Compliance@healthoptions.org; or by fax to 207-402-3318.

You can also contact the U.S. Department of Health and Human Services at the Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p>French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-624-6463 (TTY/TDD: 711)。</p>
<p>Cushite XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-624-6463 (TTY/TDD: 711)</p>	<p>Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-624-6463 رقم .TTY/TDD 711 واليكم الصم هـ:</p>
<p>Cambodian, Mon-Khmer ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយខ្មែរឬខ្មែរ, បើសិនជាអ្នកនិយាយខ្មែរឬខ្មែរ, បើសិនជាអ្នកនិយាយខ្មែរឬខ្មែរ, គឺមានសេវាសម្រាប់អ្នក។ ទូរស័ព្ទ 1-855-624-6463 (TTY/TDD: 711)។</p>	<p>Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-624-6463 (телетайп: 711)</p>	<p>Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1855-624-6463 (TTY/TDD: 711).</p>
<p>German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Thai ์ย่น: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Nilotic-Dinka PIŊ KENE: Na ye jam ně Thuonjan, ke kuony yeně koc waar thook atō kuka lëu yök abac ke cīn wēnh cuatě piny. Yuopě 1-855-624-6463 (TTY/TDD: 711).</p>
<p>Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-624-6463 (TTY/TDD: 711)번으로 전화해 주십시오.</p>	<p>Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-624-6463 (TTY/TDD: 711).</p>	<p>Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-624-6463 (TTY/TDD: 711)まで、お電話にてご連絡ください。</p>