

# OUT-OF-NETWORK REFERRAL DISCLOSURE FORM\*

For Providers and Patients with Cigna-administered Plans

August 2021

This form is designed to help ensure that your patients with Cigna coverage have the necessary information to make an informed decision about their medical benefits and care. It must be completed by the referring physician (and not delegated) each time a referral is made to a non-participating provider, facility, or other health care entity. It is not necessary to complete the form in emergency situations, or if we determine there are no alternative participating providers, facilities, or other health care entities that can render the requested covered services. A copy of the completed form should be given to the patient, and the original should be placed in his or her medical file. Use of this form is subject to periodic audit to determine compliance with this administrative requirement.

Patient name: \_\_\_\_\_

Referral for: \_\_\_\_\_  
(Describe service)

I offered the above-named patient the option of an in-network referral.

Yes  No

If yes, which participating provider or facility was recommended? **Note: At least one Cigna-contracted provider or facility must be specified by name below, or this form will be considered incomplete.**

If no, please explain why a participating provider or facility was not **clinically** acceptable:

The patient will be referred to:

\_\_\_\_\_  
(Name of the non-participating provider or health care facility)

## Physician disclosure of financial interest

I do not have any financial interest in the non-participating provider or facility listed above.

I have a financial interest in making this referral to the non-participating provider or facility listed above (see details below).

\*See separate form for out-of-network referrals for providers in Texas.

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## Cigna customer out-of-network informed consent

You have a referral to a provider or health care facility that does not participate in Cigna's network. We call this a non-participating provider or facility. You can save money, and get the most from your health care benefits, if you use a participating provider or health care facility instead.

You will generally pay more if you visit a non-participating provider or health care facility, because we will process your claim with a lower benefit. Please be aware that if you do not have out-of-network coverage, your claim may be denied. This means that you will be responsible for any charges not covered by your plan, up to and including the full billed amount.

To find out whether you have out-of-network benefits, you should review your benefit plan or call the Cigna Customer Service number on your Cigna ID card. To find a participating provider or facility, go to the Cigna Health Care Professional Directory at [Cigna.com](http://Cigna.com) or call 1.800.88Cigna.

### **Please take note of this important information about fee-forgiving or waiver of charges**

Some non-participating providers and health care facilities may offer to “fee-forgive” your charges by adjusting the amount you pay to use their services. They may tell you that they’ll accept payment based on what Cigna pays for participating providers. If you accept this arrangement, you may need to pay out-of-pocket for the services you receive and be responsible for submitting the claim to Cigna, which we may or may not accept. Cigna’s policy is to prohibit fee forgiving or waivers of charges by providers using all contractual and legal options available.

Additionally, please note that “fee-forgiving” on any particular claim, or any portion of it, may be considered fraud, and cause a provider or facility to face civil and criminal liability. If a non-participating provider or health care facility offers to waive or forgive any part of its charges, please notify the Cigna Special Investigations Unit Hotline at 1.800.667.7145.

## Customer’s decision

I have reviewed the information provided above and understand that:

- I have the choice of using a provider or health care facility that participates, or does not participate, in Cigna's network.
- If I choose to use a provider or health care facility that does not participate in Cigna's network, Cigna may not cover the services if my plan does not have out-of-network benefits.
- If my plan has out-of-network benefits, I understand that I may have higher out-of-pocket costs that I will be responsible to pay if services are provided by a non-participating provider or health care facility.

I choose to use a non-participating provider or health care facility, and I understand what this means for possible benefit approval and costs.

I acknowledge that I have a right to a copy of this form.

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

## Physician endorsement

I have reviewed this form with my patient prior to treatment for which the referral is being made. The patient has acknowledged the information contained in this form, and was offered a copy for his or her records.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

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