

OUT-OF-NETWORK REFERRAL DISCLOSURE FORM – TEXAS

For Health Care

Professionals Updated

August 2021

The Out-of-Network Disclosure Form is designed to help ensure that patients with Cigna coverage have the necessary information to make an informed decision about their medical benefits and care. The form must be completed by the referring physician (and not delegated) each time a referral is made to a non-participating health care professional, 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 health care professionals, facilities, or other health care entities that can provide 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 network-participating health care professional or health care facility was recommended? Please note: At least one Cigna-contracted provider must be specified by name below or this form will be considered incomplete.

Please explain why a network-participating health care professional or health care facility was not, in your medical opinion, clinically acceptable:

The patient will be referred to:

(Name of the non-participating health care professional or health care facility)

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Physician Disclosure of Financial Interest

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

I have a financial interest in making this referral to the non-participating health care professional or health care facility listed above, which may include a direct or indirect payment or other form of compensation to me for making this referral, or I may otherwise benefit by referring you to this non-participating health care professional or health care facility. For example,

- I have an ownership interest in the non-participating health care facility to which this referral is being made and will therefore directly or indirectly receive income from making this referral.
- I am the full or partial owner of a management company or other entity that provides services to the non-participating health care professional or health care facility to which this referral is being made, so I will derive income from the fees paid to the management company or other entity for services provided to the non-participating facility or health care professional.

Briefly explain your financial relationship below:

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Cigna Customer Out-of-Network Informed Consent

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

You will pay more if you visit an out-of-network doctor or health care facility, because we process your claim with a lower benefit. Also, please be aware that though you do have the right to use either a Cigna participating doctor or health care facility or a non-participating doctor or health care facility, if you do not have out-of-network coverage under your plan, your claims associated with the use of non-participating doctors or health care facilities may be denied. This means that you are 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 number on your Cigna ID card. To find a participating doctor or facility, go to the Cigna Health Care Professional Directory at (Cigna.com > Find a Doctor), or call 1.800.88Cigna.

Please take note of this important information below about fee forgiving or waiver of charges.

Some out-of-network doctors 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 in-network providers. If you accept this arrangement, you may need to pay for services you receive out-of-pocket 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.

If an out-of-network doctor or health care facility offers to waive or forgive any part of its charges, please notify the Cigna Special Investigations hotline at 1.800.667.7145.

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Customer's Decision

I have reviewed the information provided above and understand that:

- I have the choice of using a Cigna participating or a non-participating doctor or health care facility.
- If I choose to use a doctor 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 by using my out-of-network benefits I may have higher out-of-pocket costs that I will be responsible to pay.

I wish to use a non-participating doctor or health care facility and I understand what this means for possible benefit approval.

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

Customer signature

Date

Please print name

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

Physician signature

Date

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