

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]
Policy: [~Insurance Policy #1 Number~]
Insured: [~Responsible Party Name~]
Treatment Dates: [~Admission Date~] - [~Discharge Date~]
Amount: [~Total Charges~]

Dear Director of Claims,

According to the explanation of benefits, your company appears to have reduced payment because this patient is enrolled in a preferred provider organization. Please accept this letter as a formal appeal of this benefit reduction.

N.J.S.A. 26:2S-10, "Offer of point-of-service plan, terms," mandates that managed health care plans reimburse non-participating medical providers at the usual and customary rate under certain circumstances. This law states:

- a. A carrier which offers a managed care plan shall offer a point-of-service plan to every contract holder which would allow a covered person to receive covered services from out-of-network health care providers without having to obtain a referral or prior authorization from the carrier. The point-of-service plan may require that a subscriber pay a higher deductible or copayment and higher premium for the plan, pursuant to limits established by the department, in consultation with the Department of Banking and Insurance, by regulation.
- b. A carrier shall provide each subscriber in a plan whose contract holder elects the point-of-service plan, with the opportunity, at the time of enrollment and during the annual open enrollment period, to enroll in the point-of-service plan option. The carrier shall provide written notice of the point-of-service plan to each subscriber in a plan whose contract holder elects the point-of-service plan and shall include in that notice a detailed explanation of the financial costs to be incurred by a subscriber who selects that plan.
- c. The requirements of this section shall not apply to a carrier contract which offers a managed care plan that provides health care services to Medicaid recipients pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), or a federally qualified, nonprofit health maintenance organization.

It is our position that additional benefits are due. It is unclear if point-of-service benefits were offered as required above. If benefits remain denied, please provide a detailed explanation of the reductions taken on this claim and whether your office provided optional point-of-service coverage. If additional information is required from this office, please submit a written request.

Sincerely,

Claims Analyst