**[Insert Provider Name, Address, Phone Number]**

**Informational Letter to Beneficiary and/or Provider/Physician**

*[Issue for carve-out situations when referring Beneficiary and/or physician to another entity*

*or source for requested services that the group or Plan does not have responsibility for*

*providing or authorizing.]*

[Date]

[Name of Patient or Representative]

[Address]

|  |  |
| --- | --- |
| Patient Name: | [Name of Patient] |
| Member ID#: | [Member ID] |
| Health Plan Name: | SCAN |
| Ordering Physician’s Name: | [Ordering Provider Name] |
| Requested Service: | [Request Service] |
| Reference #: | [Reference Number if Applicable] |

Dear [Patient Name]:

I / we are writing to tell you that [Medical Group/IPA Name or Plan name] does not provide or approve the service(s) listed above for SCAN members.

<Select this language for Hospice Services> Hospice services do not require prior authorization. They are covered with a doctor’s order and provided through Medicare Fee-For-Service (FFS). Please follow up with your primary care doctor so that your needs can be coordinated.

<Select this language for Medicare-approved Clinical Trials> Clinical trials do not require prior authorization. You can join a Medicare-approved clinical trial. Talk with your primary care doctor, clinical trial provider or treatment center to set-up these treatments.

<Select this language for Acupuncture/Chiropractic/Therapeutic Massage> Please contact American Specialty Health (ASH) for **acupuncture and chiropractic** **services, including therapeutic massage**. Therapeutic massage is not available in all plans. There is no referral needed for your first appointment. Call ASH at 1-800-678-9133 (TTY: 711) for more information and to schedule an appointment.

<Select this language for Dental> Please contact Delta Dental for **dental services**. There is no referral needed for your first appointment. To find a dentist in your area go to [www.deltadentalins.com/scan](http://www.deltadentalins.com/scan) or call Delta Dental at 1-855-830-6583 (TTY: 711). If you are on a DHMO dental plan, you must see the dentist printed on your dental ID Card.

<Select this language for Hearing> Please contact TruHearing for **hearing aid services**. There is no referral needed. Call TruHearing at 1-844-255-7148 (TTY: 711) for more information and to schedule an appointment.

<Select this language for ***non-Medicare*** **covered Podiatry** services> Please contact Podiatry Plan, Inc. for ***podiatry services.*** There is no referral needed. To find a provider in your area go to [www.podiatryplan.com/find-a-provider](http://www.podiatryplan.com/find-a-provider) or call Podiatry Plan at 1-800-367-7762 (TTY: 711).

<Select this language for ***non-emergency*** Transportation> To schedule your non-emergency transportation call SCAN Transportation as soon as possible to reserve your ride at   
1-844-714-2218 (TTY 711).

<Select this language for ***non-medical*** Vision related services> Please contact EyeMed Vision Care for ***non-medical, corrective*** vision services (i.e. Non-surgical related glasses)***.*** There is no referral needed. To find an EyeMed provider in your area go to [www.eyemedvisioncare.com/locator](http://www.eyemedvisioncare.com/locator) or contact EyeMed at 1-844-226-2850 (TTY: 711).

<Select this language for **Home Delivered Meals**> Please contact SCAN Member Services at   
1-855-844-7226 (TTY: 711) for assistance with home-delivered meals.

<Select this language for **Over-the-Counter items**> Over-the-Counter items may be available to you through SCAN. To review the types of Over-the-Counter (OTC) health products you can order go to www.scanhealthplan.com/otc. For assistance and to begin ordering, call 877-494-2892   
(TTY: 711).

If you have questions about these services, please call SCAN Member Services at   
1-855-844-7226 (TTY: 711).

Sincerely,

[MEDICAL GROUP CONTACT NAME]

CC: [Optional CC Recipients]