**[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. For referrals forwarded to SCAN Health Plan Utilization Management (i.e. Medi-Cal ONLY benefits) please include the original request/referral and any medical records with this Informational letter: use FAX # 800-411-0671.]*

[Date]

[Name of Patient or Representative]

[Address]

|  |  |
| --- | --- |
| Patient Name:  | [Name of Patient] |
| Member ID #:  | [Member ID] |
| Health Plan Name:  | SCAN Health Plan |
| 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 any Medi-Cal-only benefit requests for SCAN FIDE SNP members> We have sent this request to SCAN Health Plan Utilization Management for review. SCAN will review the request and tell you of any next steps.

<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> We have sent this request for Acupuncture, Chiropractic or Therapeutic Massage to SCAN Health Plan Utilization Management for review. Chiropractic and Therapeutic Massage services are not available in all plans. SCAN will review the request and tell you of any next steps.

<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-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
1-800-559-3500 (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 1-877-494-2892
(TTY: 711).

If you have questions about these services, please call SCAN Member Services at
1-800-559-3500 (TTY: 711).

Sincerely,

[MEDICAL GROUP CONTACT NAME]

CC: [Optional CC Recipients]