

- If you receive services from an out-of-network provider, you may be responsible for paying the full cost of those services.
- If you have any disputes with Northwind Health Plus, you should contact them immediately to resolve the issue.

By familiarizing yourself with the details of the Northwind Health Plus plan and understanding the Notice of Other Coverage, you can make informed decisions about your coverage and ensure that you are making the most of your benefits.

Notices

OTHER INFORMATION ABOUT THIS PLAN: Notices

Northwind Health Plus requires members to provide certain notices and acknowledgments in order to receive services. It is important that members are aware of these, as they can affect the coverage they receive.

Pre-Service Notices:

Northwind Health Plus requires members to provide a pre-service notice before receiving any services. This notice should include the name, address, and phone number of the provider, the type of service to be provided, and the estimated cost of the service. This notice should be provided to the insurance company at least 30 days before the date of service, or as soon as reasonably possible if the service is an emergency.

Post-Service Notices:

Northwind Health Plus also requires members to provide a post-service notice after receiving any services. This notice should include a description of the services provided, the date of service, the cost of the service, and any applicable discounts or adjustments. This notice should be provided to the insurance company within 180 days of the date of service.

Exceptions and Tips:

There are a few exceptions to the pre-service and post-service notices requirements. For services related to mental health, substance abuse, and preventive care, members are not required to provide a pre-service notice. Additionally, members who receive services from an out-of-network provider are not required to provide a post-service notice.

It is important for members to be aware of these notice requirements and to submit the required notices in a timely manner. If a member does not provide the required notice, the insurance company may deny or reduce the claim. In order to ensure that claims are processed correctly and quickly, members should always provide the required notices in a timely manner. Additionally, members should keep copies of all notices for their own records.