

Non-Participating Provider Consent Form¹

Your surgeon has discussed breast reconstructive surgical options with you that will be performed either at the same time as the mastectomy or at a later time. Your surgeon is recommending that the reconstruction surgery be performed by a *non-participating* breast reconstruction surgeon.

We want you to be aware that using a *non-participating* breast reconstruction surgeon will result in higher out-of-pocket costs for you, if you have out-of-network benefits. If your policy does not include out-of-network benefits, the procedure will not be covered and you will be responsible for the full cost charged by the *non-participating* breast reconstruction surgeon.

You have the right to use a participating breast reconstruction surgeon, who has been credentialed by UnitedHealthcare and has agreed to accept our contracted rates for your upcoming procedure. If you have questions or would like to locate a participating plastic surgeon please ask your doctor to arrange for the use of a participating plastic surgeon or call Oxford Customer Service at the telephone number listed on the back of your health plan identification card.

If there is no participating plastic surgeon or participating surgical team available to perform the requested procedure(s) in your geographic area, your participating physician can ask Oxford for an exception to allow you to receive services from a *non-participating* surgeon at an in-network benefit level (“in-network exception”). The request must be made at least 14 days prior to the scheduled procedure.

To be complete by patient or legal guardian (choose only 1 box):

- I WANT health care services from a participating plastic surgeon in connection with my upcoming procedure and ask my participating physician to arrange for these in-network services. I DO NOT AGREE to receive health care services from a non-participating breast reconstruction surgeon.
- I WANT AND AGREE (VOLUNTARILY CHOOSE) to receive health care services from a non-participating breast reconstruction surgeon in connection with my upcoming procedure. I discussed the use of a non-participating breast reconstruction surgeon with my participating physician and I understand that:
- the breast reconstruction surgeon is not participating in the Oxford network and Oxford has not credentialed this provider
 - the breast reconstruction services will be treated as out-of-network (unless an in-network exception is approved by Oxford before the procedure);
 - if I have out-of-network benefits, I will be responsible to pay my share of the out-of-network costs based on my available benefits (which includes amounts above out-of network reimbursement levels as well as my out-of-network deductible and coinsurance)
 - if I do not have out-of-network benefits, I will be responsible for the full cost of the non-participating breast reconstruction surgeon services;
 - I was given an opportunity to contact Oxford before obtaining these services to confirm my benefits and to obtain names of participating breast reconstruction surgeons; and
 - the non-participating breast reconstruction surgeon cannot waive copayments, deductibles, coinsurance or other amounts I am responsible to pay under my health plan.

Signature of Patient, Parent (if patient under age 18) or Legal Guardian:
Print Name:
Date:
Daytime Phone Number:

To be completed by the participating physician:

Participating Physician Name:	Participating Physician TIN:
Patient Name:	Oxford Member ID#:
Non-Participating Breast Reconstruction Surgeon:	Non-Participating Breast Reconstruction Surgeon TIN:
Date of Service:	

¹ This Form is only required for Oxford Members on Lines of Business situated in New York State