OptumHealth℠

ACN Group. Inc.

Voluntary Prior Approval Process

1. You sign this Voluntary Prior Approval Agreement Form upon your initial visit to indicate that you are opting to obtain prior approval for non-participating physical therapy or occupational therapy services that you understand the process. that you agree to the procedures described here and that you authorize your non-participating provider to submit information on your behalf.

2. You ask your non-participating provider to submit a completed one page Patient Summary Form, a one page Patient Health Questionnaire (PHQ), along with this signed Voluntary Prior Approval Agreement Form directly to OptumHealth (fax to 1-866-695-6923). You or your non-participating provider can obtain a copy of the Patient Summary and PHQ forms by calling OptumHealth at 1-877-369-7564 or by visiting OptumHealth's Web site at *www.myoptumhealthphysicalhealth.com.*

3. OptumHealth will respond to both you and your provider for each Patient Summary Form received, indicating the time frame and services that have been approved or that the services have not been approved.
    a. If the services are approved, you are responsible only for out-of-network cost shares (e.g., deductible and coinsurance amounts).
    b. If the services are not approved and you choose to receive care, you will be responsible for the cost in full. You may appeal that decision by following the procedures attached with the response or as described in your Certificate of Coverage.

4. If your treating provider believes that you need care beyond the approved number of services and/or time frame provided, he/she should submit a new updated Patient Summary Form, including asking you to complete a new Patient Health Questionnaire to assess your progress. *If the new forms are not submitted, the claims will be reviewed retrospectively as described.*

5. If you change non-participating therapy providers and wish to continue to use the Voluntary Prior Approval process, the new provider should submit your new **Voluntary Prior Approval Agreement Form** along with a newly completed Patient Summary Form and Patient Health Questionnaire.

Submission of this form indicates that you understand the Voluntary Prior Approval process; you agree to the procedures outlined in this letter and that you authorize your non-participating provider to submit a Patient Summary Form/PHQ on your behalf.

Treating Practitioner's Name: _____

Clinic Name (if available):_____

Treating Practitioner's Street Address: _____

Treating Practitioner's City, State, ZIP: _____

Treating Practitioner's Tax Identification Number: _____

Treating Practitioner's Phone Number: _____

Member's Name: _____ Member's DOB: _____

Member's ID Number: _____

Member/Guardian Signature: _____ Date: _____