Network Gap Exception Request

Providence Health Plan | POWERED BY Collective Health

If an in-network provider is inaccessible or unable to render the care you need, the Plan may authorize in-network benefits to apply to the services from an out-of-network provider. Additionally, the Plan may authorize in-network benefit coverage for out-of-network services that were referred by an in-network provider.

If approved:

- Claim(s) from an out-of-network provider will be covered at in-network cost-sharing rates for the services and timeline specified.
- Charges in excess of the allowed amount will not be covered. If you would like assistance with an allowed amount estimate, Collective Health may be able to help.

Request Details

*If incomplete or ineligible your request may be denied.

Patient Information

Name	Subscriber ID	Date of birth

This request is: ☐ Pre-service ☐ Post-service Claim #: _____

Treatment Information

Out-of-Network Rendering Provider:

Name	NPI Number

Billing Codes:

Procedure - CPT, HCPCS, etc.	Diagnosis - ICD-10	Place of Service Code

Clinical Justification for Network Exception:

If this gap exception request is due to an in-network referral, please fill out this section:

In-Network Referring Provider Sign-Off (Optional):

To the best of my knowledge, there are no in-network providers within a reasonable distance and waiting period who can provide these medically necessary services or supplies.

Provider Signature	Date (mm/dd/yyyy)	NPI Number