



MHN Services  
Claims Department  
2019 Aerojet Road  
Rancho Cordova, CA 95742  
www.mhn.com

Date: \_\_\_\_\_

**Fax to:** MHN Services-Claims  
**Attn:** Predetermination of Fees  
**Fax #** 916-935-0200

**Request for Predetermination of Fees**

MHN Services, on behalf of Health Net, would like to assist you with your request to obtain a predetermination of fees for services to be rendered by a non-participating provider. In order to process your request, please complete all the following information and fax this form back to the number listed above. **All information must be filled in completely, or MHN Services will not be able to reply to your request.**

Patient Name: \_\_\_\_\_ Health Net ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Date Services are to be performed: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

| Procedure Code(s) to be billed: | Dollar Amount to be billed for each procedure: |
|---------------------------------|--|
| _____                           | _____  |
| _____                           | _____  |
| _____                           | _____  |
| _____                           | _____  |
| _____                           | _____  |

**Please allow seven (7) business days from the date of receipt for MHN Services to process this request.**

**\*Please note:** \*The estimate MHN Services will provide you is not a guarantee. Actual coverage, member costs, benefits and payment will be determined upon receipt of the claim and subject to various elements including but not limited to eligibility, benefits, payment policies, coding methodologies, specific diagnosis, any prior authorization requirements, the amount billed by the physician, etc.

**In addition, other services that are medically necessary and appropriate as part of the common procedures may be provided as part of the overall diagnostic and/or treatment plan of which you or MHN Services may not be aware at the time of this inquiry and for which the patient may have additional financial responsibility. The patient may also be responsible for costs of procedures or services not covered by their plan.**

**As a result, it is likely that the amount estimated will differ from the actual member cost if / when the procedures or services are performed.**

**Consult the Subscriber Contract regarding other aspects of this policy that may affect the benefits available. Any approval implied or otherwise is subject to member eligibility and all other policy provisions in force at the time services are actually rendered.**

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