



*Your Health Is Our Business*

737 Bishop Street, Suite 1200  
 Honolulu, Hawaii 96813  
 Phone: (808) 941-4622  
 Toll-Free: (888) 941-4622

## NON-PARTICIPATING PROVIDER ELIGIBLE CHARGE REQUEST FORM

HMAA encourages you to see one of our many participating providers. Using a participating provider or facility will maximize your coverage and reduce your out-of-pocket expense.

If you see a non-participating provider, please use this form so that you are aware of what your out-of-pocket costs will be BEFORE you see the provider. HMAA has no agreement with non-participating providers and facilities. When you utilize a non-participating provider, your out-of-pocket expenses will be substantially higher. This includes the use of a non-participating provider or facility in emergency care situations. You will be responsible for the difference between the entire billed amount and HMAA's payment. The provider or facility may require you to pay the entire bill at the time you receive services, and to file your claim directly with HMAA. All payments will be made directly to the member.

Disclosure of the below information is not a guarantee that charges are covered under the Plan. All charges submitted to HMAA are subject to eligibility, applicable plan provisions and retrospective review. At the time your claim is processed, benefits will be based on the eligible expenses and corresponding procedure codes billed by the provider at the time services are rendered and will not be based on the codes and charges indicated on this form (the codes indicated on this form may differ from the actual services performed and billed). Members who are determined to be ineligible for HMAA benefits at a later time, or who receive treatments that are not covered benefits as described in their Plan materials, are solely responsible for all medical costs. This form is not to be used for pre-authorization purposes, nor does it substantiate medical necessity of services rendered.

<b>TO:</b>	<b>HMAA Customer Service Center</b>		<b>Fax Number: (808) 591-0463</b>	
			Phone Number: (808) 941-4622	
			Toll-Free: (888) 941-4622	
<b>FROM:</b>	Subscriber Name		Subscriber ID Number	
	Street Address			
	City, State	Zip Code	Phone Number	Fax Number (if applicable)
<b>RE:</b>	Name of Patient (if different from Subscriber)		Patient's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's Date of Birth (mm/dd/yy) / /

Requested Services (CPT / HCPCS Codes)	Description	Provider's Charge	Eligible Charge (to be completed by HMAA)

**HMAA's Customer Service Center will notify you of the eligible charge after your request has been reviewed. You will also be notified if the codes supplied are invalid or if additional information is required. Eligible charges are based on HMAA's data as of the completion date indicated below. Eligible charges may be changed by HMAA at any time, without prior notification.**

HMAA USE ONLY	
Completed By:	Date