



My Choice Non-Participating Provider Care Worksheet

Use this worksheet as a guide to help you determine what costs you may incur when receiving services from a provider not contracted with Unity Health Insurance. These providers are referred to as non-participating providers.

Description of Procedure or Treatment: _____

Name and address of Physician: _____

Name and address of Clinic or Facility: _____

Call the clinic or facility and ask that they supply you with an itemized listing of the services they will be billing during your visit. This list should include the date of service, CPT (Procedure), DRG, APC or HCPCS Codes and the charge for each code. Record that information in the chart below.

At what facility will the procedure or treatment take place? (check one)

- Primary Care Provider's (PCP) office
- At a hospital on an in-patient basis *(Be sure to ask for applicable DRG codes)*
- At a hospital on an out-patient basis *(Be sure to ask for applicable APC codes)*
- Other – Please list: _____

Call Unity Customer Service at 1-800-362-3310 with this information. We will provide you with the amount Unity will reimburse under the Fee Schedule. Representatives are available Monday – Friday between 7:00 AM and 5:00 PM.

Procedure Billing Code	Procedure/Treatment Name	Fee Schedule Amt (From Unity)	Billed Amount	Member Liability
My financial responsibility before copayments, deductibles or coinsurance**				

** This is an estimate of the member's financial responsibility for services provided at a non-participating facility or by a non-participating physician. Facility and provider charges for services can vary from the types and amounts listed, and the member's financial responsibility will vary accordingly. This worksheet is only a tool to estimate charges and financial responsibility and does not guarantee the amount Unity Health Insurance will pay.