

Instructions for Oregon Medical Cost Estimate Requests

To request information regarding your out-of-pocket costs for a proposed medical service, you may either contact us via telephone at 1-800-237-1900 or you can access our website at www.nhic.com. The main screen on the website contains a button on the left hand side which provides the ability to select this type of request.

The accuracy of the estimate that we provide to you will depend largely on the specificity and the accuracy of the information which you provide to us regarding your proposed medical service. Additionally, the longer that you wait to undergo the proposed medical treatment after you receive our estimate, the more likely actual results will vary from the estimate.

Please provide us with the following information in order to process your estimate request:

- Policy Number
- Name of Primary Insured
- Name of Patient
- Type of Procedure or Service (Description of medical service – if you will be receiving more than one service or procedure, please fill out a separate form for each.)
- Date of Procedure or Service (Date that the procedure or service is expected to be rendered.)
- Diagnosis (The actual diagnosis for the care to be rendered.)
- CPT Codes (Please obtain this information from your medical provider. It will enable us to provide you with a more accurate estimate.)
- Name of Provider (Name of the medical provider and if applicable, the name of the hospital or other facility.)
- Zip Code of Provider's Address (Zip code of the location where the service will be performed – not the zip code of the provider's billing address.)
- Provider's Charge (Amount that your medical provider will charge you for the proposed medical service. If applicable, we will also need the amount that the hospital or other facility will charge you as well as charges for any other medical providers that may be needed.)
- Telephone Number (It is critical that we be able to reach you via telephone in order to request any additional needed information. Please provide us with the best telephone number to reach you at during the first two business days after your request is submitted.)

If you have any questions, please contact one of our Service Representatives at 1-800-237-1900 between the hours of 8 a.m. and 5:00 p.m. CST, Monday – Friday excluding holidays. Response to your request should be received within 48 business hours.

NOTE: The results of your request for an estimate of out of pocket expenses depend on the accuracy of the information you provide us. As this is an estimate, the actual out of pocket expenses may vary. This estimate does not guarantee that benefits will be paid under the terms of your policy nor does it guarantee that the estimated amount will be paid. Benefits will be determined in accordance with your policy terms, benefits, conditions, definitions, exclusions and limitations upon receipt of your claim.

7/1/09