



# Network Exception Request

This is an exception request only.  
Pre-certification and medical necessity review still apply.

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

## Patient Information

Patient Name:	Member ID	DOB:
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Patient Address: \_\_\_\_\_

## Requested Provider Information

Requested Provider Name:	Requested Provider Address:	Requested Provider TIN#:
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Requested Facility Address (if applicable):	Requested Facility TIN# (if applicable):	Phone#:
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## Service Information

Date(s) of Service:	Number of Units/Visits Requested:	ICD-10 Diagnosis Code:	CPT-4/HCPCS Code:
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Type of Service:  Inpatient  Outpatient-Hospital  Outpatient-Office  Other:

Please describe the exception requested in the space provided, and attach any applicable records:

*The information here is complete and true. I understand that Halifax Health (VHN Premier EPO Plan) will rely on this information to provide reimbursement to me or payment to the service provider, and will use any personal or medical information contained herein as necessary and in accordance with the law.*

Referring Provider Name (Printed): \_\_\_\_\_

Referring Provider Address: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HPI Internal Use Only

Determination: \_\_\_\_\_

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



### Submit completed form and supporting documentation:

By Mail: HPI c/o Member Appeals  
PO Box 5199  
Westborough, MA 01581  
Fax: 508-329-4812

In the event that a Volusia Health Network (VHN) plan member must receive a medically necessary service from a healthcare provider who is not in the VHN provider network, the Plan may cover the service from the non-network provider, upon review and approval of a Network Exception request.

## **Network Exception Request Process:**

### **Step 1:**

The member's local network provider feels that a covered service is medically necessary, and should be performed by a specialty network provider or an out-of-network provider.

### **Step 2:**

The physician submits a completed Network Exception Request form to Health Plans, Inc. (HPI) on the member's behalf.

### **Step 3:**

After verification, HPI presents the request to VHN via secure email. VHN responds to HPI within two (2) business days.

### **Step 4:**

HPI notifies the member and provider of the decision by letter. If necessary, the HPI Claims Department will also be notified, so that the claim may be processed accordingly when presented for payment.