You may request a written cost estimate for medical procedures and treatments. The information provided below will be used to calculate your written estimate. We will respond to your estimate request within five business days of receipt of all necessary information.

Questions? Feel free to call us at **1-800-982-6257, ext. 11**.

Patient Information

All of the information in this form is required to initiate a request. This information, along with the provider-supplied details requested, will be used to calculate your written estimate.

Full name:	
Member ID:	
How would you like to receive your written estimate? (Please select one below).	

Service Provider Information

A provider could be a doctor, clinician, DME provider, audiologist, physical therapist, chiropractor, etc.

Provider full name: _____

Provider phone number:_____

Provider's NPI (National Provider Identifier), a ten-digit number used to identify the health care professional rendering the service (for billing purposes):______



1700 Magnavox Way, Suite 201 I Fort Wayne, IN 46804 Phone: 260-432-6690 I Toll Free: 1-800-982-6257 phpni.com

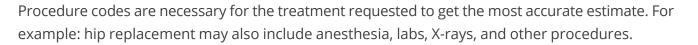
Place of Service

Facility information	🗆 Inpatient	🗆 Outpatient				
(Check ONE): 🗆 Office	Surgery Center	🗆 Hospital	🗆 Lab/Radiology	□ Other		
Facility name:						
Facility phone number:						
Facility address (Street, City, State):						
Facility NPI (National Prov (for billing purposes):	vider Identifier), a ten-c	digit number u	sed to identify the fac	ility		

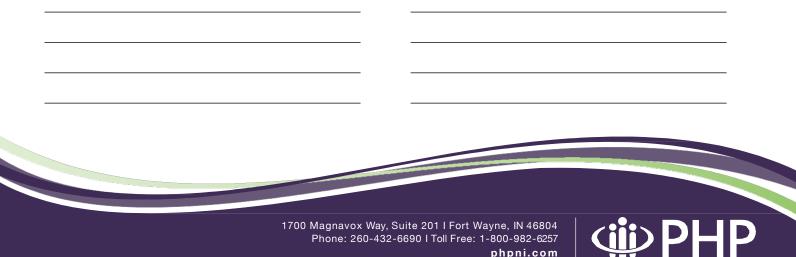
Service/Procedure and Diagnosis Code Information

Medical procedure or treatment description

Procedure(s) or treatment for which you are requesting an estimate (example: I am requesting an estimate for a hip replacement):



Procedure codes (up to 10) to identify the treatment or services being performed. i.e. Either CPT (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) codes.



Diagnosis codes (on per procedure, if available) to identify diagnosis. *i.e. ICD Code (International Classification of Disease).*

What to expect

Expect to receive your written estimate within five business days of receipt of a complete and accurate request by mail, secure email, or fax. Our normal business hours are 8 am - 5 pm (Eastern time). Please contact PHP Customer Service should you have any questions.

Physicians Health Plan of Northern Indiana PO Box 2359 Fort Wayne, IN 46801 Fax: 260-969-2447 Email: custsvc@phpni.com

Please note: The estimate is based on the information provided. Final determination of benefits is made when a claim is received. If this information changes or should unforeseen services arise, the actual amount you will be responsible for may vary. If additional services or claims are received between the time an estimate is requested and the time the member receives the service, the level of benefits may also change.

1700 Magnavox Way, Suite 201 I Fort Wayne, IN 46804 Phone: 260-432-6690 I Toll Free: 1-800-982-6257 phpni.com

PHP

Page 3 20231006