



**6. Assistance Requested**

I want assistance obtaining proof for the following claim lines. List them in the boxes below (one number per box). Send a HIPAA form for each medical provider associated with each claim number:


Questions? Contact the Claims Administrator at 1-800-766-3330 as soon as possible. You must mail completed Blue Sheet(s) with completed Claim Form postmarked by **April 10, 2015** to the address on the Claim Form.

**Definitions of column headings in the table in Section 1 of the Blue Sheet(s)**

Date of Service – The date of services or purchase of supplies as shown on the Explanation of Benefits (EOB).

Medical Provider – The name and ID number of the out-of-network provider who provided services or treatment covered by your Health Net insurance.

Billed Charge – The amount billed by the provider for the services or supplies.

Allowed Amount – The amount that Health Net accepted for payment for the services or supplies.

Balance Bill – The amount the provider billed less the amount allowed by Health Net.

**What additional claims may be eligible to add to my Blue Sheet(s)?**

It is very likely that all your eligible claim lines are already listed on your Blue Sheet(s) based on Health Net records. However, if you know of any claim that may fit the descriptions below, you may add it to your Blue Sheet and the claims administrator will investigate whether you are eligible for a payment under the settlement for that claim. Please number any claim lines that you add, starting with the next number in sequence after the last claim line on your pre-printed Blue Sheet(s):

- You paid (within the contractual limitations period specified in your Evidence of Coverage (EOC) and on or before April 24, 2008) at least part of a Balance Bill to an out-of-network provider for services or supplies covered by your Health Net insurance, which were not otherwise reimbursed by Health Net.
- You received on or before April 24, 2008 a Balance Bill that you still owe some portion of from an out-of-network provider for covered services or supplies provided after May 5, 2005 and for which the check payment date in Health Net’s claims system is on or before July 31, 2007.