

## GW Extended Medical Provider Network Application

**GW employees and their dependents enrolled in the CareFirst PPO, CIGNA, POS or HMO plans during 2010 who either transitioned or elected the UHC Choice, Choice Plus-Buff or Choice Plus Blue plans are eligible to participate in the GW Extended Medical Provider Network**

*All in-network medical physicians that you used in 2010 will be considered in-network with UHC. This will allow you to maintain relationships with your current physicians and ensure no disruption in care (please note: facilities, dental & vision providers are not part of the extended network).*

**To confirm if your physician is in the UHC Network or GW's Extended Network**, please follow the steps below. This will ensure your claims are paid at the in-network benefit level.

1. Log on to [www.uhc.com](http://www.uhc.com) and access the "Physician Search" feature or call UHC at **1-877-706-1739** to verify your physician's participation in the UHC network. When calling UHC, be sure to have your physician's first and last name, address and tax identification number (if known). Instructions on using the "Physician Search" feature are posted to <http://financeoffice.gwu.edu/benefits>.

***Please note: Tax ID numbers are subject to change so please contact your physician's office to ensure accuracy.***

2. If you received in-network care from this physician in 2010, and they are not listed on line at [www.uhc.com](http://www.uhc.com) under physician search, then please complete the GW Extended Network/Continuation of Care Form. If you have any questions regarding the completion of this form please contact the Benefits Administration helpline at 703-726-8382.

### **PROCESSING CLAIMS FOR PHYSICIANS IN THE GW EXTENDED NETWORK**

*Typically non-participating physicians (or those physicians in the Extended Network that UHC is treating as in-network) will bill insurance companies directly; however, they may require payment in full at the time of service. Whether the physician or member submits the claims, UnitedHealthcare will reimburse at the billed charge less any applicable deductible, copayment and/or coinsurance. This will ensure that members are not billed for the entire balance. (Please note: as the member you will only be responsible for the applicable deductible, copayment and/or coinsurance.)*

If you feel at anytime that your claim for a physician in the GW Extended Network has been processed incorrectly, please contact UHC at **1-877-706-1739** for review and reprocessing.

**THE GEORGE WASHINGTON UNIVERSITY (POLICY# 730193)  
APPLICATION FOR EXTENDED NETWORK/CONTINUATION OF CARE**

UnitedHealthcare  
Attn: SAE  
Fax 1-410-379-3448

**The George Washington University Employee/Applicant:**

Extended Network/Continuation of Care is a service which enables GW *existing* medical plan participants to receive care from a non-contracted physician that you or a dependent received treatment from in 2010 at the benefit level associated with contracted physicians.

**HOW DO I KNOW IF I AM ELIGIBLE FOR EXTENDED NETWORK/CONTINUATION OF CARE BENEFITS?**

1. Complete *SECTION 1* of the application when applying for Extended Network/Continuation of Care. **One form for each member is required.**
2. If you answer YES you will be eligible for Continuation of Care benefits for the provider identified.
3. If you answer NO, you are NOT eligible for Continuation of Care benefits. Should you require assistance locating a new physician in the UnitedHealthcare network, please visit us online at [www.myuhc.com](http://www.myuhc.com) or call the customer care number shown on your medical ID card.

**THE APPLICATION PROCESS**

1. Complete *SECTION 2* if you answered YES to question in *SECTION 1*.
  - Proceed to *SECTION 2* only if you answered YES to at least 1 question in *SECTION 1*.
  - **If you are receiving care from more than three non-contracted physicians you may need to complete additional forms.**
2. Fax the completed application to number above.
  - **Extended Network/Continuation of Care eligibility is based upon qualifying event listed in *SECTION 1* and not your coverage effective date.**

**SECTION 1**

**TO BE COMPLETED BY APPLICANT**

Have you seen this provider for ANY medical services during the 2010 calendar year as a network provider through The George Washington University sponsored Plan?  YES  NO

**SECTION 2**

**TO BE COMPLETED BY APPLICANT**

Employee Name		Email	
Address	City	State/Zip Code	
Home Phone Number	Work Phone Number		
Employer Name			Plan Effective Date
Patient Name			Patient's Date of Birth
Patient's Relationship to Employee (i.e., spouse, dependent, self)			

**Authorization:**

\_\_\_\_\_  
Patient's Signature / Parent or Guardian's Signature if Applicant is a Minor \_\_\_\_\_ Date

**Please complete Provider Information Below. If you have more than three providers please complete additional forms.**

Physician #1 Name	Physician Tax ID	Phone Number
Address	City	State/Zip Code
Date of Last Visit		
Physician #2 Name	Physician Tax ID	Phone Number
Address	City	State/Zip Code
Date of Last Visit		
Physician #2 Name	Physician Tax ID	Phone Number
Address	City	State/Zip Code
Date of Last Visit		