

# MEDICAL PRE-TREATMENT ESTIMATE FORM

## ASEA Health Benefits Trust

Address: 111 W. Cataldo, Suite 220, Spokane, WA 99201 • Phone: 866-553-8206 (toll-free); 509-328-0300 • Fax: 509-328-8623

Website: www.aseahealth.org

Use this form to obtain an estimate of the cost of medical services and the benefits allowable under the Plan before receiving medical treatment. Complete the employee information on the form, ask your provider to complete their section and submit it to the ASEA Health Trust Administrator at the above address. The Health Trust Administrator will prepare an estimate of benefits payable and the patient liability and return it to you by mail within 15 calendar days from the date received.

### PLEASE PRINT CLEARLY

Employee name: \_\_\_\_\_ SSN or Alternate ID: \_\_\_\_\_  
Email (optional): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Patient: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### FOR COMPLETION BY PROVIDER

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Proposed treatment date: \_\_\_\_\_ Facility/Clinic: \_\_\_\_\_  
Inpatient:  Yes  No Primary diagnosis code: \_\_\_\_\_ Secondary diagnosis: \_\_\_\_\_  
Treatment description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st CPT Code: \_\_\_\_\_ Estimated charge: \$ \_\_\_\_\_  
2nd CPT Code: \_\_\_\_\_ Estimated charge: \$ \_\_\_\_\_  
3rd CPT Code: \_\_\_\_\_ Estimated charge: \$ \_\_\_\_\_  
Assistant surgeon required:  Yes  No If yes, charge: \$ \_\_\_\_\_  
Total estimated charges: \$ \_\_\_\_\_

Estimated prepared by: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

**NOTE:** The above is a pretreatment estimate of the services to be provided and the cost of the services based on current pricing. The scope of the services may change based on the patient's needs at the time of treatment.

This patient's preferred provider (PPO) for inpatient and outpatient services (including labs, x-rays, scans, and other ancillary services) within the Municipality of Anchorage is Alaska Regional Hospital. Mat-Su Hospital is also a PPO facility. PPO providers for physical therapy within the Municipality of Anchorage are Chugach PT, Ascension PT, and Alaska Hand Rehab. Participants are responsible for significant additional costs if a non-preferred provider is used within the Municipality of Anchorage. Outside of the Municipality of Anchorage, participants are encouraged to use the Aetna network of preferred providers.

Contact the ASEA Health Trust Administrator at the above number if you have questions regarding this form.

Employee name:

Patient name:

**FOR COMPLETION BY THE ASEA HEALTH TRUST ADMINISTRATOR**

Facility/Clinic:

Subject to Non-PPO penalty:  Yes  No

Precertification required:  Yes  No

**1st CPT Code:**

Provider charge: \$

Within U&C:  Yes  No

Estimated allowable: \$

Estimated payable: \$

Estimated patient liability: \$

Assistant surgeon allowable:  Yes  No

If yes, allowable amount: \$

**2nd CPT Code:**

Provider charge: \$

Within U&C:  Yes  No

Estimated allowable: \$

Estimated payable: \$

Estimated patient liability: \$

Multiple surgery rules apply to procedure:  Yes  No

**3rd CPT Code:**

Provider charge: \$

Within U&C:  Yes  No

Estimated allowable: \$

Estimated payable: \$

Estimated patient liability: \$

Multiple surgery rules apply to procedure:  Yes  No

Total estimated patient liability: \$

Estimate prepared by:

Date:

Benefits are subject to the patient's deductible and out of pocket maximum and Plan provisions when the claim(s) for the service(s) is processed. This is an estimate only, benefits will be determined at the time the claim is processed and the patient must be eligible for benefits at the time of service. This pre-treatment estimate is valid for 6 (six) months from the date the estimate was prepared.

**Completion of this form by the ASEA Health Trust Administrator does not guarantee benefits or the patient's eligibility.**

Contact the ASEA Health Trust Administrator at the number at the top of page one if you have questions regarding this form.