1199SEIU Benefit Funds

@1199SEIUBenefits

Provider Relations • 498 Seventh Avenue, 7th Floor, New York, NY 10018-0009 • Tel: (646) 473-7160 • Fax: (646) 473-7213 • Providers@1199Funds.org • www.1199SEIUFunds.org

BALANCE BILLING FEE NEGOTIATION AUTHORIZATION FORM

MEMBER NAME | MEMBER ID #

EMAIL ADDRESS | TELEPHONE NUMBER

PATIENT NAME | PATIENT DATE OF BIRTH

CLAIM NUMBER (FROM YOUR 1199SEIU BENEFIT FUND EOB) | DATE OF SERVICE

HEALTH CARE PROVIDER | ACCOUNT NUMBER (ON BILL)

COLLECTION AGENCY | ACCOUNT NUMBER (ON NOTICE)

The provider listed above was used for the following reason(s) (check all that apply):

☐ Emergency/urgent visit

☐ I was unaware the provider was not a participating provider

☐ I was referred by my doctor to see this provider

☐ I found the provider on the Benefit Funds website

☐ I found the provider on the Aetna Choice POS II Participating Provider Directory for 1199SEIU Benefits

NAME OF REFERRING DOCTOR | TELEPHONE NUMBER

Additional information:

☐ I have been informed that I can visit the Benefit Funds' website at **www.1199SEIUBenefits.org/Find-A-Provider** to find participating providers.

I hereby authorize the 1199SEIU Benefit Funds to negotiate the balance of the following bill(s) and contact the following health care provider(s) or agents:

MEMBER SIGNATURE | DATE

Please return your completed form and a copy of the billing statement to **BalanceBilling@1199Funds.org**. If you prefer to return your documents by mail or fax, send the form and a copy of the billing statement to: 1199SEIU Benefit and Pension Funds, Attn: Balance Billing Department, 498 7th Avenue, New York, NY 10018 or (646)-473-7168.