



Behavioral Solutions of California

Member (Patient) Payment Responsibility Agreement

OptumHealth Behavioral Solutions of California ("OptumHealth") contracted clinicians/facilities ("Providers") are prohibited by law from charging OptumHealth Members for any service or supply that is determined by OptumHealth to be not Medically Necessary, unless the Member (or his/her authorized representative) specifically agrees to be responsible for payment by execution of this completed Payment Responsibility Agreement.

This Payment Responsibility Agreement MUST be executed in advance of the provision of the service or supply for which the Member is to be financially responsible for payment to Provider and the Member must have been informed of, and specifically acknowledge, that the Member is aware that OptumHealth has determined that the service or supply was not Medically Necessary. In order to be considered effective and valid, this Payment Responsibility Agreement must be executed prior to the delivery of any such service or supply and the Member must have received notice of the denial (including information regarding their appeal rights).

This Payment Responsibility Agreement shall be used by the Provider in such instances and must be separate from any patient payment responsibility information that is signed by the Member at the onset of treatment or that is part of the provider or facility admission form(s).

Member (Patient) Name: _____ DOB: _____

Subscriber ID: _____ Group Number: _____

Provider: _____

Provider NPI/Tax ID: _____

Provider Phone: _____

Member:

By signing below, I agree to pay Provider for those services or supplies that OptumHealth Behavioral Solutions of California determined were not Medically Necessary.

I understand, pursuant to California Health & Safety Code § 1379 and Title 28, California Code of Regulations, § 1300.71(g)(4), that a Provider may not charge me for a service or supply determined to be not Medically Necessary by OptumHealth unless I have specifically agreed, in writing, prior to delivery of such services or supplies, to be personally responsible for and pay for such services and supplies. Prior to signing this Patient Responsibility Agreement, I understand that OptumHealth determined that the services and supplies listed below were not Medically Necessary and thus not covered by my health plan or insurance. I also understand that the Provider and/or I may appeal any determination that a service or supply is not Medically Necessary by filing a grievance or appeal with OptumHealth or the Department of Managed Health Care ("DMHC") pursuant to the grievance and appeals procedures described in my Evidence of Coverage ("EOC"). I also understand that I may also have the right to Independent Medical Review through the DMHC, as described in my EOC. I further understand nothing in this Agreement may be construed to limit any other rights I have under state or federal law. In addition, I understand that receipt of such services or supplies, without my signature below, cannot be charged to me personally

I understand that, for the specified services and supplies listed below, received after the date of signature below, I will be personally financially responsible for payment for such services and supplied directly to the Provider and that they are not covered by my health plan or insurance, even though the cost for these services and supplies may not be shown on my Explanation of Benefits ("EOB") as my financial responsibility. I also understand that an appeal of a non-Medical Necessity determination does not assure that I will not be personally financially responsible for services or supplies related to the appeal.

Date(s) of Service	Description of Service and/or Supply

Signature of Member or Authorized Representative

Date

Insurance Benefit Plans

English

IMPORTANT: You can get an interpreter at no cost to talk to your doctor or health plan. To get an interpreter or to ask about written information in (your language), first call your health plan's phone number at 1-800-999-9585.

Someone who speaks (your language) can help you. If you need more help, call the CA Dept. of Insurance at 1-800-927-4357

Español

IMPORTANTE: Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o plan de salud. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su plan de salud al 1-800-999-9585.

Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame al Departamento de Seguros de California al 1-800-927-4357

(Spanish)

中文

請注意：您可以免費取得口譯員服務，與您的醫師或醫療保險計畫聯絡。

欲取得口譯員服務或詢問中文的書面資料，請先致電您的保健計畫，電話號碼 1-800-999-9585

我們有會說中文的人為您服務。若您需要其他協助，請致電 1-800-927-4357 與加州保險局聯絡。

(Chinese)

HMO Benefit Plans

English

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-800-999-9585.

Español

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. También puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 1-800-999-9585.

(Spanish)

中文

請注意：您是否能閱讀此信件？若您無法閱讀此信，我們將為您提供專員服務。

您也可以取得本信件的中文書面翻譯。欲洽詢免費服務，請立即致電 1-800-999-9585

(Chinese)

Nondiscrimination Notice and Access to Communication Services

OptumHealth Behavioral Solutions of California does not exclude people or treat them unfairly because of their sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-800-999-9585. TTY 711.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 888-445-8745, TTY 711
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number 1-800-999-9585. TTY 711. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number 1-800-999-9585. TTY 711.

You have the right to get help and information in your language at no cost. To request an interpreter, call 1-800-999-9585, press 0. TTY 711.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

1	Spanish	Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al 1-800-999-9585 y presione el cero (0). TTY 711
2	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-800-999-9585，再按 0。聽力語言殘障服務專線 711
3	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi 1-800-999-9585, bấm số 0. TTY 711
4	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tumawag sa 1-800-999-9585, pindutin ang 0. TTY 711
5	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 1-800-999-9585로 전화하여 0 번을 누르십시오. TTY 711
6	Armenian	Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանիչ պահանջելու համար զանգահարե՛ք 1-800-999-9585 սեղմե՛ք 0: TTY 711
7	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره 1-800-999-9585 تماس حاصل نموده و 0 را فشار دهید. TTY 711
8	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по телефону 1-800-999-9585 и нажмите 0. Линия TTY 711
9	Japanese	ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、1-800-999-9585までお電話の上、0を押してください。TTY 専用番号は711です。
10	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل بالرقم 1-800-999-9585، واضغط على 0. الهاتف النصي (TTY) 711

11	Panjabi	ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਮੁਫਤ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਰਾ ਲਈ 1-800-999-9585 ਫੋਨ ਨੰਬਰ ਟੀਟੀਵਾਈ 711 ਤੇ ਕਾਲ ਕਰੋ, 0 ਦਿੱਬੇ।
12	Mon-Khmer, Cambodian	អ្នកម្តង សិទ្ធិ ទទួលបានព័ត៌មាន និង សេវា របស់អង្គការ ដោយមិនគិតថ្លៃ ចំពោះអ្នកដែលមានបញ្ហា ក្នុងការប្រើប្រាស់សេវា 1-800-999-9585 រួចហើយ ចុចលេខ 0 ។ TTY 711
13	Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu rau 1-800-999-9585, nias 0. TTY 711
14	Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुक्ति पराप्त करने का अधिकार है। दुआषिए के लिए 1-800-999-9585 पर फ़ोन करें, 0 दबाएं। TTY 711
15	Thai	คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการขอล่ามแปลภาษา โปรดโทรศัพท์ถึงหมายเลข 1-800-999-9585 และกด 0 สำหรับผู้ที่มีความบกพร่องทางการได้ยิน หรือการพูด โปรดโทรฯถึงหมายเลข 711