# NOTICE OF OPEN NEGOTIATION PERIOD

| PG: |
|---|
| Log#: |

**This form and accompanying documentation MUST be submitted within 30 days from the date on the Explanation of Payment (EOP). Retain a copy for your records. PLEASE SUBMIT ONLY ONE MEMBER PER NOTICE OF OPEN NEGOTIATION PERIOD FORM.**

Provider name:

Date prepared:

Tax ID:

Person completing form:

Provider NPI #:

Telephone:

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Member name:

Claim #:

DOS:

Member Health Plan ID#:

Patient account #:

DOB:

| Services Covered Under the No Surprises Act (choose one): | Applicable NSA Plans (choose one): |
|---|---|
| Emergency Services | **HMO** |
| Non-Emergency Services from out-of-network providers at in-network facilities | **PPO** |
| Services from out-of-network air ambulance service providers | **TPA** |
| Expected Reimbursement for Services $ (Please state amount): | |

Provider comments:

**Fax to:**

**Mail to:**

**Claims Department**
**ATTN: No Surprises Act**
**Geisinger Health Plan**
**P.O. Box 853910**
**Richardson, TX 75085-3910**

**HEALTH PLAN USE ONLY**

Approved

Denied (reason):

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.