Pre-Authorization Notice

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Persons insured under a Short Term Medical plan are required to notify us of all hospital admissions, outpatient surgeries and certain other services. The notification process must be followed in its entirety to receive maximum benefits, the full list of services that require pre-authorization are listed in the insureds certificate/policy. Benefits for unauthorized services of otherwise Covered Expenses will be reduced.

Each Short Term Medical identification card includes the phone number to call for authorizations.
Refer to the state specific contract for detailed information regarding which services require notification.

Reduction of Payment

These authorization requirements are included to assist a covered person in obtaining the most appropriate medical care. Follow the requirements described above so you can receive the full benefits of coverage under the policy. If you do not obtain authorization for the services listed above or if the course of treatment is not performed in the manner authorized, your benefits will be reduced for otherwise Covered Expenses by the amount shown on the Benefit Schedule. The reduced amount, or any portion thereof, will not be applied to any deductible or out-of-pocket maximum determination.

In addition, NO benefits will be paid for expenses:

1. That are not for medically necessary services; or
2. That are otherwise not considered a covered expense; or
3. For organ transplant or marrow reconstitution or support if the procedure was not authorized prior to the beginning of the transplant evaluation, testing, preparative treatment or donor search.

AN AUTHORIZATION IS NOT THE SAME AS "VERIFICATION OF BENEFITS" AND DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID. AUTHORIZATION ADDRESSES ONLY THE MEDICAL NECESSITY AND APPROPRIATENESS OF THE CARE TO BE RECEIVED, INCLUDING THE TYPE OF TREATMENT AND FACILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL THE TERMS, LIMITS, AND CONDITIONS IN THE POLICY, CERTIFICATE AND BENEFIT SCHEDULE.

THE REVIEW PROCESS MUST BE REPEATED IF TREATMENT IS RECEIVED MORE THAN 30 DAYS AFTER OUR REVIEW OR IF THE TYPE OF TREATMENT, ADMITTING DOCTOR OR FACILITY DIFFERS FROM WHAT WE AUTHORIZED.

Insurance benefits are subject to the definitions, limitations, exclusions and other provisions provided in the coverage certificate(s). May not be available in all states. Coverage may vary by state. Underwritten by National Health Insurance Company, Integon National Insurance Company or Integon Indemnity Corporation, depending on the state of issue. **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore, individuals may be subject to a tax penalty. This is not designed as a substitute for comprehensive major medical coverage.** Individuals should review their certificate of coverage for full benefit descriptions and definitions of coverage. This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. For a copy of the full certificate including all covered benefits, exclusions and limitations, please contact National Health Insurance Company.