Ask for an out-of-network exception

If no one in your plan's network fits scleral lenses, some plans will consider covering an out-of-network provider at your in-network cost sharing. This is often called a network gap exception. Plans handle it differently.

Who fills it in: you, the patient. Ask your doctor's practice for its address, phone and NPI number.

How to use it

- Type into the boxes in a PDF reader (Adobe Acrobat Reader, Preview on a Mac, your phone's Files app, or your browser), then save or print. Or print it and write in pen.
- Leave blank anything you don't know yet. Cross out or delete anything that doesn't fit your situation, and add what's missing.
- **The letter starts on page 2.** Print only the pages you need.
- Ask your plan whether it accepts these by letter, by phone, or on its own form, and send it before care starts if you can. Ask for the decision in writing.
- What plans say about these exceptions: sclerallensguide.com/insurance/letter-builder/

Before you send it

- **Read it through and make it yours.** Change anything that isn't right. Plain, accurate and specific is better than formal.
- **Attach the evidence.** Your letter supports your doctor's letter and records; it doesn't replace them.
- **Keep copies and notes.** Keep your originals and send copies. For each phone call, note the date, time, name and title of the person you spoke to, and what was said.

This isn't legal advice

These letters are general starting points, written for US health plans. Plans, rules and deadlines differ and change. Your denial letter and plan documents set out the process that applies to you. If you need help, your state's Consumer Assistance Program or Department of Insurance may be able to help with an appeal or external review.

Your name

Date

Your address, phone and email

To: plan name as on your card

Department and address from your denial letter, card or plan website

Member name

Date of birth

Member ID

Group number (optional)

Claim or reference number (optional)

Re: Request for a network gap exception (in-network benefit level)

To whom it may concern:

Eye doctor (not in my plan's network)

Practice

I am asking you to approve a network gap exception, so that care from the eye doctor and practice named above, who are not in my plan's network, is covered at my in-network benefit level.

My eye condition

Eyes affected right, left or both

My doctor has recommended

This is specialized care that needs a practitioner experienced in fitting scleral lenses for eyes like mine.

To find this care in network, I checked the following:

Provider details: address, phone and NPI number:

Please let me know in writing whether this exception is approved, which services and dates it covers, and how long it lasts. If you believe an in-network provider can provide this care, please give me their name and contact details so I can confirm that they fit scleral lenses.

Thank you,

Signature

Your name