<date>  
  
<First Name> <Last Name>   
<Address 1>  
<Address 2>  
<CITY>, <STATE> <ZIP>

**Subject: <Provider/Facility Name> may be out of network on <Termination or Expiration Effective Date>**

Dear <First Name>,

We want to share some important news about a potential change in your costs to receive care from <Provider/Facility Name>. This letter explains why these potential changes may happen and describes your rights and options for receiving care in the event the circumstances leading to these potential changes are not resolved.

**Why is this happening?**

[Insert provider/facility name] sent a notice of a potential contract termination to [insert health carrier name] *or* [Insert health carrier name] sent a notice of a potential contract termination to [insert provider/facility name]. [*For potential termination notices only*: This type of notice is often used when health care providers or health insurers want to renegotiate the terms of their agreements]. We are currently working to negotiate a new agreement. If we can’t reach an agreement, it will mean that [Insert provider/facility name] will no longer be part of your health insurance network, which could lead to higher costs for your care if continue receiving care from us.

**What might change?**

If we can’t reach an agreement by [insert termination or expiration date], these specific health care facilities will no longer be part of your health plan’s network:

* <facility name> This <termination> <expiration> <includes> <does not include> <hospital-based provider name>
* <facility name> This <termination> <expiration> <includes> <does not include> <hospital-based provider name>

**Can I continue seeing a provider even if they are out-of-network?**

If we are not able to negotiate a new contract by <insert termination or expiration date>, you can receive services from us, but you could be responsible for a significantly larger portion of the billed charges. What this means for you will depend on the terms of your plan concerning out of network providers. If you have a prescheduled appointment or procedure after <insert termination or expiration date> you should <insert enrollee’s options >

However, if you're already receiving treatment from us, you can still visit us at the lower in-network price until <insert applicable date>.

You also may have the right to "continuity of care" for up to 90 days after a provider goes out of network. In certain situations, your health insurer must allow you to maintain your care with your provider at in-network rates. Those circumstances include:

* Ongoing treatment for a serious health condition
* Care provided in a hospital setting
* Scheduled important surgeries
* Pregnancy-related care
* Management of terminal illnesses

For questions or more information about your particular circumstances, please contact your health insurer at <insert carrier contact information>.

**Emergency services**

In emergency situations, coverage for hospital emergency rooms and mental health or substance use crisis services will remain at in-network rates. If you need immediate help, please call 911 for a hospital emergency or 988 for a mental health or substance use disorder crisis.

**Who can I contact for help?**

**<Insert Provider Information**>

**<Insert Carrier Information>**

**Washington State Office of the Insurance Commissioner (OIC)**

Navigating provider networks can be confusing, but the OIC is here to help! If you have questions or need assistance, try these options:

* Visit OIC’s website at www.insurance.wa.gov for helpful information.
* Call OIC’s Consumer Hotline at 800-562-6900, Monday to Friday, 8:30 am to 4:30 pm.
* Contact OIC’s insurance experts at https://www.insurance.wa.gov/ask-insurance-expert.

We know that changes like this can be worrying. If we are able to reach a new agreement, we will let you know.

Sincerely,

<Signatory>