



SUSPENDED STATUS ACKNOWLEDGEMENT FORM

The Affordable Care Act (ACA) allows members a ninety day grace period to pay premiums before coverage is terminated. If payment of premium is not received within the grace period, coverage will be terminated as of the last day of the first month during the grace period. All claims for covered services rendered to the member during the first month of the grace period will continue to be paid. Claims will be suspended for covered services rendered to the member in the second and third month of the grace period. If the premiums remain unpaid, providers may bill the member directly for covered services.

For payment information and options, please contact your health plan at the customer service number listed on your identification card.

By signing below, you acknowledge the following:

- 1) My coverage is in suspended status due to non-payment of premiums.
- 2) I am liable for payment for any services rendered, should I not make payment sufficient to reinstate my coverage.

Printed Member Name

Provider Name

Member Signature

Provider NPI

Member ID

Authorized Personnel Signature

Date