Cameron University Health Plan

Rout	Route To:						
[X]	Billing						

Request for Alternative Means of Communication— Health Plan

1ember Name:			Date of Birth:	Member ID#:	
1ember Address:					
Street A _l	pt. City	State	Zip		
lember Home Phone #: <u>(</u>)	Member Wo	rk Phone: ()		
OTICE TO MEMBER: Your	request for c	ommunication by alternativ	re means is applicable o	nly to the information maintaine	ed by the Cameron University Health Plan.
REQUESTED ALTERNAT	IVE MEANS O	F COMMUNICATION (chec	k applicable box and f	Il in the blank):	
Alternative Phon	ne Number:	()			
Alternative Maili	ing Address:				
Other Alternative	e Means of Co	ommunication:			
If you believe that disc	losure of part	or all of your information o	outside of the method	checked above could put you in	danger, please provide a statement to
that effect:					
My request applies to: Communication		te of service only (indicate d	ate):**		, or
Communications	from this dat	e of service (indicate date):			until I indicate otherwise, or
☐ Communication	From this date	e:		to this date:	
like an alternative mear	ns of commun	•	ersity entity, a separat	•	ined by the Health Plan. If you would hat University entity. (This request is
Signature			Title, if Legal Repr	esentative*	 Date
					ubmit evidence of representative status
7					
Request APPROVED		☐ Request DENIED			
y: Signature		Title			Date
eason for Denial:		Too expensive to accom Administratively imprac You did not specify an a	tical to accommodate	request. nethod of communication.	
dditional Explanation:					
otice of Denied requests	should be giv	en to the Member during t	he office visit or sent v	ria the alternative means above.	

**In most cases, changing means of communication, if approved, may take up to 14 University business days.