

Commercial Carrier Process to Request a Referral to a Specialist or NonPhysician Specialist	
Freedom Life Insurance Company of America	
Consumer Contact Information	
Website	www.ushealthgroup.com
Phone Number	1-800-387-9027
Requesting a Referral	
Steps to request a non-panel (non-participating) provider specialist	<p>Notify the company by phone or mail.</p> <p>Freedom Life Insurance Company of America 300 Burnett Street Suite 200 Fort Worth, TX 76102</p> <p>1-800-387-9027</p>
Review full referral request procedures	https://cdn.ushealthgroup.com/ushealthgroupcom-sbc/MD/PROCESS%20TO%20REQUEST%20A%20REFERRAL%20TO%20A%20SPECIALIST%20OR%20NONPHYSICIAN%20SPECIALIST.pdf

Carrier's timeline to grant or deny request	<p>Your request will be processed by Us in a timely manner that is appropriate for Your condition and in accordance with the following timelines:</p> <p>a. If your request is related to a non-Emergency course of treatment, We will grant Your request within 2 working days after receipt of the information necessary to make the determination.</p> <p>b. If your request is related to an extended stay in a health care facility or the authorization of additional health care services, We will grant Your request within 1 working day after receipt of the information necessary to make the determination.</p> <p>Treatment provided by a Non-Participating Provider for covered emergency services will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider, up to the point when You can be safely transferred to the care of a Participating Provider. Accordingly, such covered emergency services provided by a Non-Participating Provider are not subject to this Process to Request a Referral to a Specialist or Nonphysician Specialist.</p>
Grievance process to appeal denial of a request	<p>See below.</p>
<p>How to file a grievance</p>	<p>File a grievance by phone or by mail at the phone number or address below:</p> <p>Freedom Life Insurance Company of America 300 Burnett Street Suite 200 Fort Worth, TX 76102</p> <p>1-800-387-9027</p>
<p>Number of days for final grievance decisions</p>	<p>(a) Within 45 working days after the filing date when the grievance involves a retrospective denial; or (b) Within 30 working days after the filing date when the grievance involves a non-emergency prospective denial; unless you, your representative, or your healthcare provider agree in writing to an extension for a period of no longer than 30 days.</p>
<p>Number of days/hours for emergency grievance decisions</p>	<p>Within 1 day of the date a grievance is filed with us for emergency care decisions. Written adverse decision will be provided within 1 day of the oral communication.</p>

Review full grievance process	https://cdn.ushealthgroup.com/ushealthgroupcom-sbc/MD/NT-GRIEVANCE-MD-FLIC%20Rev.%2004-22.pdf