

KNOW BEFORE YOU GO WORKSHEET

TALKING TO YOUR DOCTOR...

KPP*Free*™ is a new type of enhanced benefit, which means your current doctor may not be familiar with the process.

Here are some talking points and a worksheet to assist you in discussing the program and getting the information you need.

If you are enrolled in a Qualified High Deductible Health Plan, or have other primary insurance, please review the information included at the bottom of this page and your Summary Plan Description.

Talking Points...

- "I am enrolled in a self-funded plan and I am cost conscious."
- "I have an enhanced benefit that reduces or eliminates my out-of-pocket costs."
- "If this is a diagnostic test or procedure, I will need a copy of the physician's orders to start the KPPFree™ process."
- "Can you tell me the exact type of surgery or procedure I need?"
- "What is the name or CPT code for this procedure?"

Ask Your Doctor	•					
What type of procedure do I need?						
☐ Imaging ☐	☐ Diagnostic Test	☐ Surgery	☐ Other:			
Are physician's orders required for this procedure? If so, will you provide me with a copy of the orders so that I can begin the process? Physician's orders are necessary for procedures that are diagnostic in nature. Yes, they are required, and I have received a copy. No, they are not required.						
What is the exact name of the procedure or the CPT code(s)? CPT codes are used to describe the procedure(s) or service(s) a patient needs to receive. More than one code may be utilized. Procedure Name: CPT Code 1: CPT Code 2: CPT Code 3:						
What is the urgency level? The KPPFree™ program is intended for voluntary and elective procedures that are not urgent in nature. If your medical service is urgent or time sensitive, we encourage you to consider using regular plan benefits. □ Not time-sensitive □ Time-sensitive; not urgent □ Urgent; consider using regular plan benefits						

24-48 HOURS PRIOR TO APPOINTMENT

24-48 hours prior to your appointment, confirm that you have received the following information.

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☐ Yes ☐ No	If you have not received your Voucher, please call our Kempton Care Advocates at (800) 324-9396, Monday - Friday 8:00 a.m 5:00 p.m. CST.				
☐ Yes ☐ No	Please confirm the location of your appointment with the KPP <i>Free</i> ™ provider. For example, your consultation may be scheduled at a different location than your procedure.				
☐ Yes ☐ No	If you have not received this information, please call our Kempton Care Advocates at (800) 324-9396, Monday - Friday 8:00 a.m 5:00 p.m. CST.				
	☐ Yes ☐ No				

AFTER YOUR PROCEDURE

Check with your KPPFree™ provider to find out if you will need follow-up care or services and reach out to us to review the benefit available.

Do I need post-operative care or follow-up appointments?	☐ Yes ☐	□ No	Post-operative or follow-up appointments may not be included under KPP $Free^{\text{\tiny{TM}}}$ and may be covered under regular plan benefits.
Do I need any durable medical equipment?	☐ Yes ☐	□ No	Durable Medical Equipment (DME), such as crutches, walkers, and other equipment prescribed by your surgeon, may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit.
Do I need physical therapy?	□ Yes □	□ No	Physical therapy may not be included for your specific procedure under the KPP <i>Free</i> ™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit for physical therapy.
Do I need any other continuing care or medical services?	☐ Yes ☐	□ No	These services may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit.

*KPPFree™ is only available for covered services. Please refer to your Summary Plan Description for a list of covered services. This Consumer Driven Option is subject to the Plan exclusions, limitations, or other restrictions listed in the Plan which may apply. Under IRS guidelines, with the exception of ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.