

REFERRAL

As a Provider, you may receive member referrals from any of the following sources:

- VOC Staff
- Self Referral
- Employee Assistance Program (EAP)

Providers who identify a need to refer a VOC member to another provider should call the VOC office to verify the referral procedure. This is important because VOC does not permit network providers to refer to one another without prior VOC approval.

VOC REFERRAL

Prior to the first visit or prior to beginning a course of treatment and before any admission to a facility or program, the Participating Provider's office must call VOC to determine eligibility.

Be prepared to provide VOC with the following information:

- Member name, date of birth, and social security number
- Employee's name, date of birth and social security number
- Additional insurance coverage, if applicable

VOC will provide you with the following information:

- Verification of member eligibility
- Benefits of the member's plan
- Co-payment schedule
- Certification procedures and requirements

Note:

(1) This eligibility information is based upon the most recent data provided by the employer or other benefit plan sponsor.

(2) VOC agrees to reimburse providers for Covered Services which were provided to an ineligible individual if the individual was identified by VOC as eligible and the services were certified by VOC. VOC will reimburse the provider at the rates specified in the Participating Provider Agreement for those Covered Services rendered, but no greater than one hundred (100%) of the uncollected balance. If, subsequent to payment by VOC, the provider receives any payment from the individual or another source for such services, the provider must reimburse VOC up to the amount received from the other source, not to exceed the amount paid to the provider by VOC.