

## STATUTORY VERIFICATION / DECLINATION

### Definitions:

Statutory Verification: A verification that is requested pursuant to Senate Bill 418 under the Texas Insurance Code. A Statutory Verification serves as a guarantee of payment if granted. Declination of Statutory Verification does not mean that a claim for the services for which Statutory Verification is being sought will be denied, it simply means that we are unable to guarantee payment based upon the information we have at the time of the Declination.

Declination: Refusal to give a Statutory Verification. This does not equate with claim denial or adverse determination. The reason for issuing a Declination must be given in the Declination.

To request a statutory verification, contact the Scott & White Health Plan Customer Service Center at 800-321-7947 (toll free) or 254-298-3000 (locally) and provide the state mandated required elements.

Required Elements: The elements required from a provider before the Statutory Verification rules apply are as follows:

1. Name of Provider
2. Provider's federal tax ID number
3. Patient Name
4. Patient SWHP ID number
5. Patient date of birth
6. Patient Relationship with Enrollee
7. Presumptive diagnosis, if known, otherwise presenting symptoms
8. Description of proposed procedure or procedure codes
9. Place of service code where services will be provided, and if other than provider's office, name of hospital or facility where proposed service will be provided
10. Proposed date of service
11. Group number
12. Name and contact of any other carrier, if known to provider

For a routine care statutory verification, Scott & White Health Plan will respond within five (5) days.