

Association Transparency Initiative Pledge

(Health Plan Name) pledges to provide, at the request of a plan member and within five working days of a complete request, an estimate of the member's expected financial responsibility (deductible, coinsurance and/or copayments) for a specific service from a specific provider, assuming no complications or change in treatment plan.

To comply with the member's request, (Health Plan Name) may require any and all of the following:

- The name of the provider providing the service;
- The facility at which the service will be provided;
- The date the service will be provided;
- The provider's estimate of the charge(s) for the service; and
- The CPT code or Current Dental Terminology code to be billed by the provider.

Further, (Health Plan Name) will clearly communicate our plan members' ability to request and receive estimates and describe the process for obtaining them. (Health Plan Name) may use established member communication vehicles for this purpose, including newsletters and Web sites; however, (Health plan name) will ensure that the communication takes place not later than September 1, 2008.

On behalf of (Health Plan Name),

Chief Executive Officer (or designee)