

PHYSICIAN ASSOCIATES
Notice to HMO Members
6000 Executive Blvd #300
Rockville, MD 20852

Dear HMO Member:

Your insurance company has certain requirements that both you and this office must follow for you to receive the maximum benefits for which you pay and for us to receive payment for services provided.

1. Our contract with your insurance company designates your family and/or primary care physician and requires that all your medical care be coordinated and communicated through us.
2. If you have a medical problem, you must see one of the Physician Associate physicians or nurse practitioners who will treat you to the best of their abilities. If they feel they are unable to treat the problem, they will write you a referral to a participating specialist.
3. You must always have a referral from this office before you receive any health services from another provider. We cannot, under any circumstances, retroactively approve health services you received from another provider.
4. Any subsequent contacts with the specialist not provided for on your initial referral must be cleared by your primary physician. In other words, even if the specialist tells you to return to their office, you must first ascertain that the original referral provided for this service or you must be evaluated again by your primary physician.
5. There may be some services that your plan does not cover. Should you choose such a service you will be personally responsible for any charges incurred.
6. We are under the understanding that you have chosen Physician Associates as your primary care physician, however if you have not, you will be financially responsible for this visit. It is the patient's responsibility to contact the insurance company and change your PCP before the date of service. If this has not been completed before the date of service the insurance company may not pay for the visit. Therefore, it would become the patient's responsibility.

Failure to follow any of the above rules could result in expenses being denied by your health plan or worse, in cancelation of your contract. We ask your cooperation in following the above rules and suggest that you read your member handbook and/or call your health insurance company for any clarification.

We have attempted to contact your carrier to verify your coverage. Should we have been unable to do so, we will provide services that you requested but you will be responsible for the charges in full should the insurance company deny your coverage for any reason.

Patient Signature

Date