

MANAGED CARE POLICIES

MEETING MANAGED CARE GUIDELINES

On behalf of our patients, our practice participates with a wide variety of managed care plans. All of these plans have different requirements and policies concerning arranging for ongoing care, diagnostic testing (such as X-ray or laboratory) and procedures or surgery. Additionally each plan (even within the same insurance company) has different guidelines for how often, and where, services may be provided.

Our staff makes every effort to stay informed concerning these requirements, but we also count on our patients to participate actively in this process in order to make sure that services which your physician has determined are necessary and appropriate are:

- pre-approved - via referral from your primary care, or
- authorized by your insurance carrier with a pre-authorization #, and
- provided by a health care group authorized by your insurance.

It is our goal to provide and facilitate the highest possible quality of care for the patients of our practice. **Ensuring that this care is provided in the context of the guidelines of your current insurance policy is a project that requires real teamwork -- yours and ours!**

Each time a health care service is scheduled for you, you must participate by making sure that a **required referral is in-hand** from your primary care provider, or that the service is scheduled with a provider approved by your plan.

If you do not inform us of special requirements of your plan, so that we can make sure they are met in the process of your care, then any resulting bill for services denied by your plan, will become your direct responsibility.

Let's work together in order to make sure that your managed care plan works to your benefit in delivery of your health care needs.

I HAVE READ AND UNDERSTAND THIS POLICY AND MY RESPONSIBILITY AS DESCRIBED.

Patient Name (Printed) _____

Patient Signature

Date

Witnessed

Date