

As a Doctors HealthCare Plans Member, you are afforded certain rights, responsibilities, and protections. The following summary of your Member Rights and Responsibilities is provided for your information. This does not alter or amend your health care coverage with Doctors HealthCare Plans, Inc. and we do encourage you to become familiar with them and welcome any questions or further assistance we may provide. These Member Rights and Responsibilities are available in your Evidence of Coverage (EOC), our website and Provider Manual.

As a member of Doctors HealthCare Plans, Inc., you have the Right to:

- » Be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your privacy.
- » A prompt and reasonable response to questions and requests.
- » Timely access to your covered services and drugs.
- » Provisions for after-hours and emergency care.
- » Select and change your provider (including your primary care).
- » Know who is providing medical services and who is responsible for your care.
- » Know what patient support services are available and receive information in a way that works for you (in languages other than English, in Braille, in large print, or other alternate formats, etc.)
- » Information about the plan, its network of providers (including credentials), and your covered services.
- » Receive information regarding malpractice insurance of providers upon request.
- » Know what rules and regulations apply to your conduct.
- » Be given information concerning your diagnosis, planned course of treatment, alternatives, risks, and prognosis by your healthcare provider.
- » Make decisions about your care and refuse any treatment, except as otherwise provided by law.
- » Give Advance directives, which are instructions, about what is to be done if you are not able to make medical decisions for yourself.
- » Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- » Know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

- » Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- » Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- » Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- » Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- » Know if medical treatment is for purposes of experimental research and to give consent or refusal to participate in such experimental research.
- Express grievances regarding any violation of your rights or being treated unfairly, as stated in Florida law, through the grievance procedure, of the health care provider or health care facility which served you and to the appropriate state licensing agency.
- » To make complaints or ask us to reconsider any decisions we have made.
- » Confidentiality of your health information.

As a member of Doctors HealthCare Plans, Inc., you have a Responsibility to:

- » Provide your health care provider, to the best of your ability, accurate and complete information about present complaints, past illness, hospitalizations, medications and other matters concerning your health.
- » Be responsible for reporting unexpected changes in your condition to your health care provider.
- » Notify your health care provider whether you comprehend a contemplated course of action and what is expected of you.
- » Follow the treatment plan recommended by your health care provider.
- » Let your doctor and your other health care providers know that you are enrolled in our plan.
- » Keep medical appointments and when unable to, notify the health care provider or facility.
- » Provide a responsible adult to transport you home from a facility when you have a procedure performed and remain with you for 24 hours, if required by your provider.
- » Be accountable for your actions when refusing treatment or not following the health care provider's instructions.
- » Assure that financial obligations for your health care are fulfilled as promptly as possible including copayments, deductible, co-insurance amounts, non-covered services and benefits.
- » Follow health care facility rules and regulations affecting patient care and conduct.
- » Learn about your Plan and health care coverage through your Plan's member education material and Evidence of Coverage.
- » Learn and adhere to the proper use of the Plan's services and procedures for accessing medical treatment.
- » Be respectful of all the health care providers and staff, as well as other patients.
- » Advise the Plan if you are leaving the Plan's service area.
- » Inform providers about living wills, medical power of attorney, or other directions called Advance Directives, affecting care.
- » Call Member Services for help if you have questions or concerns.

Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (786) 460-3427 o (833) 342-7463 (TTY: 711).

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