

## HMO INSURANCE INFORMATION (HEALTH MAINTENANCE ORGANIZATION)

- **What does HMO mean?**

When you select an HMO (Health Maintenance Organization) insurance plan, you have contracted with your insurance company for all of your medical care to first be provided by your primary care physician (PCP). You have been referred to a specialist because your PCP has determined that your condition needs consultation in an area of special expertise and you are provided with a referral form.

- **Referrals for office visits**

Your referral form is valid for a certain number of days which will vary with insurance companies. It is the patient's responsibility to make sure that the referral is valid within the time frame allotted by the insurance company. Also, it is the patient's responsibility to obtain the referral form from their PCP.

***Consultation can only be conducted for the services listed on your referral form.***

If you have any questions regarding whether your referral is valid or if you need a new referral prior to your visit, please contact our office.

- **Scheduling procedures**

Once your consultation has been performed and it has been determined that a procedure needs to be done, you will schedule a procedure date. Unfortunately, HMO's will not allow procedures to be performed at the initial consultation. ***If the procedure was performed on the day of the initial consultation, the patient would be directly responsible for the charges.***

Our office will fax a treatment plan and procedure recommendations to your PCP within 24 hours.

The PCP will then approve the treatment plan and provide a new paper referral specifically for your procedure.

It is your responsibility to call the PCP office to follow up with the status of your referral.

Our office will assist you in the referral process for the procedure and notify you when the referral has been authorized.

It is your responsibility to pick up the referral from your PCP's office and bring it with you for your procedure / treatment / or office visit. ***Without a valid referral an office visit / procedure cannot be performed and a \$50.00 fee will be charged for the appointment time held.***

## HMO/HPH REFERRAL PROCESS

1. Our office will fax a treatment plan and procedure recommendations to your Primary Care Physician (“PCP”) within 24 hours.
2. The PCP will then approve the treatment plan and provide a new paper referral specifically for your procedure.
3. It is **YOUR RESPONSIBILITY** to call the PCP office to follow up with the status of your referral.
4. It is **YOUR RESPONSIBILITY** to pick up the referral from your PCP’s office and bring it with you for your procedure / treatment / or office visit.
5. Without a valid referral an office visit / procedure cannot be performed and a \$50.00 fee will be charged for the appointment time held.