



# MCHD HCAP Benefits Guide

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### **Introduction**

Welcome to the Healthcare Assistance Program (HCAP)! The following information about your benefits is provided to help you successfully access the services you need and avoid being charged for services. Please read this packet carefully along with all the forms you signed at your enrollment appointment. You will be responsible for knowing the information in this packet and on all the forms you have signed.

### **Your HCAP Card**

At your first eligibility appointment your caseworker took your picture and printed you a plastic ID card. This card contains identifying information about you and all billing information your doctors and pharmacy will need to bill MCHD HCAP for your care. Please make sure each doctor you see and each pharmacy you use has a copy of this card on file so they can process your claims correctly. Failure to give your providers the information on your ID card could result in you receiving invoices for your care.

Medical care services should be billed to Boon Chapman at:

PO Box 9201  
Austin, TX 78766

Medical claims can also be filed electronically with EDI Payer ID #74238.

Prescription claims should be processed through US Script using the prescription billing information on the front of your ID card.

If you or your providers have questions about covered benefits, they can call Boon Chapman or US Script at the toll free numbers listed on the back of your ID card.

Your ID card will either read Montgomery County Indigent Care Plan (MCICP) or Medical Assistance Plan (MAP) depending on the program your caseworker enrolled you in based on your income. All services covered for both programs are the same. Only copayment amounts differ between the two programs.

Your ID card is just for you and may not be shared with any other person. If you are found to be sharing your card with someone else, this will be considered healthcare fraud and you will be terminated from the program permanently and could face prosecution.

### **How to Renew Your Benefits**

The longest anyone is approved for assistance is 6 months at a time, and the minimum eligibility period is one month. At your enrollment interview you were given a form stating your eligibility start date and eligibility end date. Three weeks before your eligibility end date you will be

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mailed a notice that your card will expire soon. When you receive this notice, please contact our office for a new application if you still require our assistance.

To renew your benefits you must complete a new application and provide updated income and resource information. Any items that have not changed since your last application such as your driver's license, social security card, and birth certificate will not be needed for your renewal. If you have any questions about what to provide, please contact your caseworker. Please make sure to submit your renewal application as soon as possible to avoid a lapse in coverage. It can take up to two weeks to do an initial review of a renewal application and request supporting documentation.

### **HCAP Office Hours**

The HCAP offices are open on the following dates and times:

Monday through Thursday, 7:30am – 11:30 am and 1:00pm – 4:30pm  
Friday 7:30am – 11:30am

The offices are closed on most national holidays.

If you need to turn in information on a holiday or outside business hours, there is a secure drop box available outside our office on the west side of the MCHD Administration building.

You may call the HCAP offices at any time at 936-523-5100. Voicemail is available if you call outside business hours. Voicemails will be returned within 1 business day.

### **Find a Doctor**

In this packet you will find a list of HCAP Primary Care Physicians (PCPs). These physicians are contracted with HCAP to see you. Please contact one of these physicians to be your PCP. Your PCP can refer you to specialists and for testing if needed.

If you have trouble getting an appointment with a PCP or any other provider, please call Boon Chapman at 1-800-213-7524 and request assistance from Customer Service.

If you see a provider that is not an approved HCAP provider you will be responsible for the full cost of your visit

### **Referrals**

If your PCP needs to refer you to a specialist or for testing or hospitalization, please ask your doctor to get a list of approved providers from Boon Chapman. Boon Chapman Customer Service can give your doctor a list of approved providers in the specialty needed. You may also

find a complete list of approved providers online at: <http://www.mchd-tx.org/hcap/hcapservices.cfm>.

If you see a provider that is not an approved HCAP provider you will be responsible for the full cost of your visit.

### **Pre-Authorization for Medical Services**

MCHD HCAP requires that many services be pre-authorized. Pre-authorization must be requested before a service takes place. Failure to get pre-authorization for a service will result in non-payment for the service and you may be responsible for the cost of the service. The form your physician needs to fill out to request pre-authorization is included in this packet.

A company named Prime Dx conducts all pre-authorizations. MCHD HCAP staff cannot conduct pre-authorization services. Only a pre-authorization from Prime Dx will be honored. Services requested within the last 14 days of your eligibility will not be processed until your benefits have been renewed.

Prime Dx can be reached at:

Phone: 1-800-213-7524

Fax: 1-800-213-5108

The following services require pre-authorization:

#### **INPATIENT SERVICES:**

- Inpatient Admissions
  - Acute care hospitalization
  - All discharge planning should be completed in coordination with Prime Dx
- Skilled Nursing Facility
- Mental Health

#### **OUTPATIENT SERVICES:**

- Surgeries or procedures requiring conscious sedation or general anesthesia perform in physician's office, free standing surgery center, ambulatory surgery center, or hospital base surgery center
- Durable Medical Equipment- based on plan benefits ONLY and greater than \$300.00
- CT Scans, MRIs, MRAs, PET Scans, Echocardiograms, and Nuclear Diagnostics
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Hyperbaric Treatments
- Maternity- for *INMATES ONLY*
- Mental Health-Counseling Services
- *SPECIAL SERVICE THAT REQUIRES MCHD'S PRIOR AUTHORIZATION such as:*

- *Home Health- only in special circumstances with an authorization*

### **Immunizations**

MCHD HCAP only covers certain immunizations. All immunizations require a prescription from your provider (except for flu and pneumonia), must be medically appropriate, and may only be given in the MCHD Public Health Clinic. Any immunization given outside the Public Health Clinic will not be covered and you will be responsible for the cost.

The MCHD Public Health Clinic is located at:

1300 South Loop 336  
Conroe, Texas 77304

Available immunizations include:

- Flu
- Pneumonia
- Hepatitis A
- Hepatitis B
- Measles, Mumps, and Rubella
- Varicella
- Tetanus
- Diphtheria and Pertussis
- Meningitis

Please call 936-523-5020 to schedule an immunization appointment. Please identify yourself as an HCAP client.

Your copayment is required for all immunizations except flu and pneumonia.

### **Copayments**

Your copayment has been set according to your income level and is printed on your ID card. Copayments for medical care can be \$5, \$10, \$15, or \$20 depending on your income level. Your provider should collect your copayment at your appointment, but in the event they do not you may get an invoice at a later date requesting you pay your copayment.

If your income situation has changed and you feel your copayment should be adjusted, please contact your caseworker to review your income and make adjustments as needed.

If you have difficulty paying a copayment you must contact Boon Chapman for assistance prior to your appointment. MCHD HCAP reserves the right to require a copayment for all covered services for clients that are enrolled in the Medical Assistance Plan (MAP).

Copayments are requested for the following services:

- Diabetic Training
  - Except when conducted by MCHD HCAP staff
- Cardiac Rehab
- Durable Medical Equipment
- ER Visits (Facility)
- Hyperbaric Services
- Immunizations (except flu and pneumonia)
- Therapies (OT, PT, ST)
- Primary Care Visits
- Specialty Care Visits
- Prescription medications
  - \$7.50 for generic medications
  - \$12.50 for brand medications

### Claims Payment Questions

If you have a question about medical claims payment you can contact Boon Chapman for assistance.

If you receive bills that you believe MCHD HCAP should have paid for, please bring those unpaid medical bills to Reimbursement Coordinator Ana Hernandez at the HCAP office.

You may contact her at:

Phone: 936-523-5170

Fax: 936-523-5060

Please be sure to bring any unpaid bills to our attention as soon as you receive them so we can help you resolve them. Please do not wait until the bills are in collections or we may not be able to pay them.

Unpaid medical bills will only be covered for months in which you are eligible for HCAP. If you did not request retroactive coverage at your enrollment interview we may not be able to cover a past bill.

Questions regarding prescription claims payment should be directed to your HCAP Pharmacy Benefit Representative.

### **Disease Education and Management Programs**

MCHD HCAP realizes that some chronic diseases are best controlled when you have the education and resources necessary to help you manage your condition. We developed the following disease education and management programs to help you manage your health and improve your health outcomes. Participation in these programs is mandatory as part of participation in HCAP. The following programs are currently available:

#### Diabetes Care Assistance Program (DCAP)

All clients with diabetes are required to participate in group education sessions every 6 months held at the HCAP offices and also in individual monthly home visits with a Patient Care Specialist. Participation in this program will qualify you for free diabetic testing supplies as long as you remain compliant. Failure to comply with the program will result in non-coverage of your testing supplies. Testing supplies could cost you up to \$50 per month if purchased from our office. Testing supplies available through the DCAP are free and distributed only from the HCAP offices and by the Patient Care Specialist/s.

#### Respiratory Wellness Assistance Program (RWAP)

All clients with chronic obstructive pulmonary disease (COPD) and/or asthma are automatically enrolled in the RWAP. A respiratory therapist or Patient Care Specialist will visit clients once per month in their homes to assess medication compliance and environmental triggers. The educator will help clients learn how to better manage their condition and avoid attacks resulting in ER visits and hospitalizations. Pneumonia shots are offered to RWAP participants free of charge in the MCHD Public Health Clinic by appointment (see Immunizations).

### **Prescription Coverage**

Only three prescriptions will be covered per calendar month. Consultation with a MCHD HCAP Pharmacy Representative will be required upon enrollment and at each renewal appointment. The Pharmacy Representative will help you decide which prescriptions MCHD will pay for and which ones you can purchase at a low cost or obtain for free through a Patient Assistance Program (PAP). Only 30 day supplies of the medications MCHD HCAP pays for may be filled at a time and refills are only allowed when 23 days of the 30 day supply of a medication is used. Please allow three business days to complete a refill to avoid being without your medications.

MCHD HCAP Pharmacy Representatives conduct all prescription pre-authorizations Monday through Friday between the hours of 8:00AM and 4:30PM. Please allow up to 48 hours for a pre-authorization to be completed. Documentation from your prescriber may be required for some pre-authorizations and could delay the pre-authorization process if they do not respond to our requests timely. On holidays and outside business hours you may contact US Script at 1-800-460-8988 for emergency prescription assistance.

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In this packet is a list of participating pharmacies. Only pharmacies on this list and located in Montgomery County will be allowed. If you have a need for one time use of an out of county pharmacy, please contact a HCAP Pharmacy Representative for assistance.

If any of your prescriptions are available through a Patient Assistance Program (PAP) you will be required to apply for the PAP. Any medications available through PAP will not be paid for at the pharmacy until you complete your portion of the PAP application process. This process will require that your prescribing physician fill out a portion of the application. Failure to comply with this process will result in no coverage of prescriptions available through PAPs. Once a client is approved for a PAP, they are responsible for requesting refills directly from the drug manufacturer. Please be sure to follow the refill instructions provided by the manufacturer because some manufacturers require the patient to contact them directly to request a refill and others require the patient to request that the doctor's office request the refill. HCAP will not cover PAP approved medications due to failure to request refills from the manufacturer in a timely manner.

MCHD HCAP maintains a preferred drug list. You have a short version of this list in this packet. This list does not show all covered medications, but should be taken with you to your doctor appointments to help your doctor prescribe approved medications. If there is a question about whether a prescription is covered, please contact your Pharmacy Representative. Only medications on the approved drug list will be covered. Exceptions may be made with appropriate medical documentation.

MCHD HCAP requires that generic versions of medications be used instead of brand name medications when available. Exceptions to this policy will only be made with medical documentation supporting that the generic version of a medication is not medically appropriate for you.

A limited number of controlled substances are covered on this program and most require pre-authorization. If you are taking a controlled substance, you must select only one controlled substance prescriber and get all controlled substances filled at only one pharmacy. This is to ensure your safety and compliance with plan limitations. Daily quantity limits are in place on most controlled substances for your safety and will not be overridden. 27 days of a 30 day supply of most controlled substances must be used before refills are allowed. Any evidence of abuse of controlled substances will result in no coverage of these medications.

A copayment for your prescriptions is requested. The copayment for a generic medication is \$7.50 and the copayment for a brand medication is \$12.50. If you have difficulty paying a copayment, please call Boon Chapman for assistance. MCHD HCAP reserves the right to require a copayment for all covered prescriptions for clients that are enrolled in the Medical Assistance Plan (MAP).

### **Mental Health Counseling Services**

Mental health counseling services are provided to HCAP clients through a contract with Tri-County Services. Please contact Tri-County Services at 936-521-6400 to schedule counseling services. Please identify yourself as a MCHD HCAP client when scheduling your appointments.

The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospitals, to each HCAP client is \$20,000.

Mental health counseling and inpatient services will be available for International Classification of Diseases, Ninth Revision mental illnesses beginning with 290.0 – 316 for psychoses, neurotic disorders, personality disorders, and other nonpsychotic mental disorders.

Inpatient services are provided to those who need 24-hour professional monitoring, supervision and assistance in an environment designed to provide safety and security during acute psychiatric crisis.

Inpatient and outpatient psychiatric services: psychotherapy services must be medically necessary; based on a physician referral; and provided by a licensed psychiatrist (MD) or licensed clinical social worker (LCSW, previously known as LMSW-ACP), a licensed marriage family therapist (LMFT), licensed professional counselor (LPC), or a Ph.D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice.

The hospital district requires prior authorization for all mental health (inpatient and outpatient) counseling services.

- All Inpatient Admissions including Residential Care Inpatient Admissions
- All hospital or facility day treatment admissions
- All multiple (more than one) counseling sessions per week
- All multiple hour counseling sessions

Services provided by a physician or therapist for one counseling session (or less) per week, for medication checks, CSU services, and Lab work do not require pre-certification for payment

### **Non-Covered Services**

MCHD HCAP is not an insurance plan and does not cover all services that insurance might. The following services are HCAP exclusions and limitations. If there is any doubt about whether a service is covered or not, please contact Boon Chapman prior to the service.

### **The Following Services, Supplies, and Expenses are *NOT* MCHD HCAP Benefits:**

- Abortions; unless the attending physician certifies in writing that, in his professional judgment, the mother's life is endangered if the fetus were carried to term or unless the attending physician certifies in writing that the pregnancy is related to rape or incest;
- Air conditioners, humidifiers and purifiers, swimming pools, hot tubs, or waterbeds, whether or not prescribed by a physician;
- Air Medical Transport;
- Ambulation aids unless they are authorized by MCHD;
- Autopsies;
- BiPAP (Bi-level Positive Airway Pressure);
- Charges exceeding the specified limit per client in the Plan;
  - The maximum Hospital District liability for each fiscal year for health care services provided by all assistance providers, including hospital and skilled nursing facility (SNF), to each MCICP client is, excluding Oncology clients:
    - \$60,000; or
    - the payment of 30 days of hospitalization or treatment in a SNF, or both, or \$60,000, whichever occurs first.
    - 30 days of hospitalization refers to inpatient hospitalization.
  - The maximum Hospital District liability for each fiscal year for Mental Health – Counseling services provided by all assistance providers, including hospital, to each MCICP client is:
    - \$20,000;
- Charges made by a nurse for services which can be performed by a person who does not have the skill and training of a nurse;
- Chiropractors;
- Cosmetic (plastic) surgery to improve appearance, rather than to correct a functional disorder; here, functional disorders do not include mental or emotional distress related to a physical condition. All cosmetic surgeries require MCHD authorization;
- CPAP (Continuous Positive Airway Pressure);
- Cryotherapy machine for home use;
- Custodial care;
- Dental care; except for reduction of a jaw fracture or treatment of an oral infection when a physician determines that a life-threatening situation exists and refers the patient to a dentist;
- Dentures;
- Drugs, which are:
  - Not approved for sale in the United States, or
  - Over-the-counter drugs (except with MCHD authorization)
  - Outpatient prescription drugs not purchased through the prescription drug program, or
  - Not approved by the Food and Drug Administration (FDA), or
  - Dosages that exceed the FDA approval, or
  - Approved by the FDA but used for conditions other than those indicated by the manufacturer;

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- Durable medical equipment supplies unless they are authorized by MCHD;
- Exercising equipment (even if prescribed by a physician), vibratory equipment, swimming or therapy pools, hypnotherapy, massage therapy, recreational therapy, enrollment in health or athletic clubs;
- Experimental or research programs;
- Family planning services are not payable if other entities exist to provide these services in Montgomery County;
- For care or treatment furnished by:
  - Christian Science Practitioner
  - Homeopath
  - Marriage, Family, Child Counselor (MFCC)
  - Naturopath.
- Genetic counseling or testing;
- Hearing aids;
- Hormonal disorders, male or female;
- Hospice Care;
- Hospital admission for diagnostic or evaluation procedures unless the test could not be performed on an outpatient basis without adversely affecting the health of the patient;
- Hospital beds;
- Hospital room and board charges for admission the night before surgery unless it is medically necessary;
- Hysterectomies performed solely to accomplish sterilization:
  - A hysterectomy shall only be performed for other medically necessary reasons,
    - The patient shall be informed that the hysterectomy will render the patient unable to bear children.
    - A hysterectomy may be covered in an emergent situation if it is clearly documented on the medical record.
      - An emergency exists if the situation is a life-threatening emergency; or the patient has severe vaginal bleeding uncontrollable by other medical or surgical means; or the patient is comatose, semi-comatose, or under anesthesia;
- Immunizations and vaccines except with MCHD authorization;
  - Pneumovaccine shots for appropriate high risk clients and flu shots once a year may be covered
  - Other immunizations covered are those that can be administered by MCHD staff. A current prescription from a physician is required for immunizations given by MCHD staff.
- Infertility, infertility studies, invitro fertilization or embryo transfer, artificial insemination, or any surgical procedure for the inducement of pregnancy;
- Legal services;
- Marriage counseling, or family counseling when there is not an identified patient;
- Medical services, supplies, or expenses as a result of a motor vehicle accident or assault unless MCHD MCICP is the payor last resort ;
- More than one physical exam per year per active client;

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- Obstetrical Care, except with MCHD Administration authorization;
- Oriental pain control (Acupuncture or Acupressure);
- Other CPT codes with zero payment or those not allowed by county indigent guidelines;
- Outpatient psychiatric services (Counseling) that exceed 30 visits during a fiscal year unless the hospital district chooses to exceed this limit upon hospital district review of an individual's case record.
- Parenteral hyperalimentation therapy as an outpatient hospital service unless the service is considered medically necessary to sustain life. Coverage does not extend to hyperalimentation administered as a nutritional supplement;
- Podiatric care unless the service is covered as a physician service when provided by a licensed physician;
- Private inpatient hospital room except when:
  - A critical or contagious illness exists that results in disturbance to other patients and is documented as such,
  - It is documented that no other rooms are available for an emergency admission, or
  - The hospital only has private rooms.
- Prosthetic or orthotic devices, except under MCICP Administration authorization;
- Recreational therapy;
- Routine circumcision if the patient is more than three days old unless it is medically necessary. Circumcision is covered during the first three days of his newborn's life;
- Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care;
- Services or supplies furnished for the purpose of breaking a "habit", including but not limited to overeating, smoking, thumb sucking;
- Services or supplies provided in connection with cosmetic surgery unless they are authorized for specific purposes by the hospital district or its designee before the services or supplies are received and are:
  - Required for the prompt repair of an accidental injury
  - Required for improvement of the functioning of a malformed body member
- Services provided by an immediate relative or household member;
- Services provided outside of the United States;
- Services rendered as a result of (or due to complications resulting from) any surgery, services, treatments or supplier specifically excluded from coverage under this handbook;
- Sex change and/or treatment for transsexual purposed or treatment for sexual dysfunctions of inadequacy which includes implants and drug therapy;
- Sex therapy, hypnotics training (including hypnosis), any behavior modification therapy including biofeedback, education testing and therapy (including therapy intended to improve motor skill development delays) or social services;
- Social and educational counseling;
- Spinograph or thermograph;
- Surgical procedures to reverse sterilization;
- Take-home items and drugs or non-prescribed drugs;
- Transplants, including Bone Marrow;

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- Treatment of flat foot (flexible pes planus) conditions and the prescription of supportive devices (including special shoes), the treatment of subluxations of the foot and routine foot care more than once every six months, including the cutting or removal of corns, warts, or calluses, the trimming of nails, and other routine hygienic care
- Treatment of obesity and/or for weight reduction services or supplies (including weight loss programs);
- Vision Care, including eyeglasses, contacts, and glass eyes;
  - Except, every 12 month's one diabetic eye examination only may be covered.
- Vocational evaluation, rehabilitation or retraining;
- Voluntary self-inflicted injuries or attempted voluntary self-destruction while sane or insane;
- Whole blood or packed red cells available at no cost to patient.

**MONTGOMERY COUNTY HOSPITAL DISTRICT  
HEALTHCARE ASSISTANCE PROGRAM  
Effective 8/1/07**

*The following services require pre-authorization through PRIME Dx:*

**INPATIENT SERVICES:**

- Inpatient Admissions
  - Acute care hospitalization
- Skilled Nursing Facility
- Mental Health

**OUTPATIENT SERVICES:**

- Surgeries or procedures requiring conscious sedation or general anesthesia perform in physician's office, free standing surgery center, ambulatory surgery center, or hospital base surgery center
- Durable Medical Equipment- based on plan benefits ONLY and greater than \$300.00
- CT Scans, MRIs, MRAs, PET Scans, Echocardiograms, and Nuclear Diagnostics
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Hyperbaric Treatments
- Maternity- for *INMATES ONLY*
- Mental Health-Counseling Services
- *SPECIAL SERVICE THAT REQUIRES MCHD'S PRIOR AUTHORIZATION such as:*
  - *Home Health- only in special circumstances with an authorization*

**PRIME Dx Contact Information:**

Telephone Numbers: (800) 213-7524

Fax Numbers: (800) 213-5108  
(512) 454-1624

**\*\*\* Please use the PRIME DX PRE-AUTHORIZATION REQUEST FORM that is included in the Schedule of Benefits packet (sample verification of eligibility and benefits via fax) and please make only one request per Pre-Authorization Request Form. \*\*\***

# PRIME DX

## PRE-AUTHORIZATION REQUEST FORM

ONLY ONE REQUEST PER FORM PLEASE

FOR MONTGOMERY COUNTY HOSPITAL DISTRICT HCAP CLIENTS ONLY

Please complete and submit all requested information  
\*\*Please provide a 72 hour notification prior to date of service\*\*

Patient/Client Name \_\_\_\_\_ DOB \_\_\_\_\_ Male Female

ID# \_\_\_\_\_ Group # \_\_\_\_\_

### Ordering Physician:

Full Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Tax ID \_\_\_\_\_

### Hospital/Facility/Specialist Providing Services:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Tax ID \_\_\_\_\_

Diagnosis/ICD9 code(s) \_\_\_\_\_

Procedure/CPT code(s) \_\_\_\_\_

Inpatient    Outpatient    Diagnostic Test     X-ray     Specialty Referral  
PT    OT    ST, # of visits \_\_\_\_\_    Home Health, # of visits \_\_\_\_\_    DME    Other \_\_\_\_\_

Date of Service(s) \_\_\_\_\_

### Please provide the following information along with this form:

- Patient's History and Physical
- Patient's clinic records/medical records pertinent to the request
- Previous treatment, including meds, therapy and response to treatment.
- Diagnostic testing performed including the results.

\*\*\*FAX REQUEST TO (800) 213-5108\*\*\*

Preauthorization number \_\_\_\_\_ Approved by \_\_\_\_\_

Valid from \_\_\_\_\_ to \_\_\_\_\_

Approved # of visits \_\_\_\_\_ Approved # of days \_\_\_\_\_

PLEASE CALL BOON-CHAPMAN AT 800-213-7524 FOR SPECIFICS ON BENEFITS,  
ELIGIBILITY, EXCLUSIONS, AND LIMITATIONS. THIS AUTHORIZATION DOES NOT  
GUARANTEE ELIGIBILITY OR BENEFITS.

### CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Health Care Information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient/member or under circumstances that do not require patient/member authorization. You, the recipient, are obligated to maintain the health care information in a safe, secure and confidential manner. Re-disclosure of the health care information transmitted without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.