

11. Formulate and have advanced directives implemented.
12. Refuse medication and medical treatment and be told the consequences of your refusal in language you can understand.
13. Receive prompt notification of termination or changes in benefits, services or provider network.
14. File a complaint or appeal with the HMO or the New Jersey Departments of Health and Senior Services and Banking and Insurance and receive an answer to those complaints within a reasonable period of time.
15. Receive medically necessary care, as described in your Handbook and/or Certificate.
16. Expect confidentiality regarding your care and that your health care records will be confidential, except when law requires their release.
17. Review your own medical records, in accordance with applicable federal and state laws.
18. Offer suggestions to improve your health care plan's policies and procedures and make recommendations regarding WellChoice's Member Rights and Responsibilities.

You have a RESPONSIBILITY to:

1. Choose a PCP from the network. Establish yourself as a patient before you seek care from a specialist.
2. Identify yourself as a WellChoice Health Care HMO member when you call or visit your PCP or other network provider. Be sure to show your member ID card each time you receive health care services.
3. Make and keep appointments with your PCP for non-emergency medical care. If you must cancel an appointment, give you PCP enough notice.
4. Be thoughtful and courteous to network providers and their staff.
5. Give complete information about your health to your PCP or other network provider.
6. Understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
7. Follow the prescribed treatment plan and care instructions that you have agreed upon with your physician(s).
8. Read all WellChoice Health Care HMO membership materials sent to you.

9. Coordinate all routine (non-emergency) care through your PCP.
10. Behave in a manner that supports the care provided to other patients and the general functioning of the facility.
11. Accept the financial responsibility for any Co-payment associated with covered services received while under the care of a physician or while a patient at a facility.
12. Ask questions of your Primary Care Physician or WellChoice HMO. If you have a suggestion, concern, or a payment issue, we recommend you call WellChoice HMO Member Services.

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