

Dear Physician's Integrated Medical Group Member:

Welcome to the Physician's Integrated Medical Group (PIMG). Our physicians and PIMG staff are pleased to care for your medical needs. This welcome letter will provide you and your family with vital information about your medical insurance and the appropriate ways to easily access medical care. Please take a few moments to familiarize yourself with these important facts.

HMO Insurance/Managed Care Plan: What is it?

Your Health Plan (Aetna, Blue Cross, Blue Shield, Health Net or PacifiCare) is a Health Maintenance Organization also known as an HMO. Your Health Plan contracts with the Physician's Integrated Medical Group and its network of medical providers to furnish and coordinate all of your medical needs through your Primary Care Physician (PCP). The Primary Care Physician whom you have chosen determined your Medical Group affiliation.

The Physician's Integrated Medical Group is a managed care provider group consisting of Primary Care Physicians and Specialists who mainly practice in the San Francisco and San Mateo Counties. Your PCP is the Family Practice, Internist, Pediatrician or General practice physician you chose to be your primary doctor. Please remember that your Primary Care Physician must coordinate your medical needs, including hospitalizations, laboratory, X-rays, etc.

Who Will Take Care of Me if I Get Sick? How Do I Access Medical Care?

Your Primary Care Physician will provide for your medical needs and will coordinate most of your ongoing care. Your Health Plan member card identifies your PCP and his/her phone number. Your medical care will be provided within the Physician's Integrated Medical Group and you will be referred out of network only if a PIMG physician or affiliated hospital cannot render the appropriate care. As a Physician's Integrated Medical Group member, you can access the network of physicians and medical services mainly at California Pacific Medical Center, St. Luke's Hospital, Seton Medical Center, and UCSF Medical Center, depending on where your PCP takes care of his/her hospitalized patients.

Your PCP or the on-call physician is available 24 hours a day, 7 days a week for urgent or emergent medical problems. For medical attention needed after hours or on weekends, please call your PCP. Your call will be returned by either your PCP or by the physician on-call. Keep in mind that if you get your PCP's answering service when you call for an after-hours or weekend urgent/emergent medical condition, you can always have the on-call physician paged to attend

your call. Your PCP or the on call physician will assess your medical status by telephone and will advise you of the method of treatment most appropriate to your situation.

If you have chosen a PCP you have never met, we encourage you to schedule an introductory visit at your earliest convenience so that you can establish a medical history with your new physician. This will be beneficial for both of you if an unexpected illness occurs and you need immediate treatment. We advise that you and your family call your PCP's office for a first appointment within 30 days of becoming a PIMG member.

We encourage our members to talk to their doctor about the different health education programs available to you and your dependents (Diabetes Management, Asthma, etc). Additionally, any member or PIMG practitioner can refer him or herself to be considered for case management, particularly those members with multiple or complex conditions. Please call your doctor's office or PIMG at (415) 467-9808 for further information.

What is a Medical Emergency?

An Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. Serious jeopardy to the health of the individual or, in case of a pregnant woman, the health of the woman and the unborn child;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

What Do I Do in an Emergency?

In the event of an unforeseeable Emergency Medical Condition, go to the closest emergency room or call 911 for assistance and/or an ambulance. It is appropriate for you to use the "911" emergency response system in your area for assistance when you have an Emergency Medical Condition that requires an emergency response. You do not require prior authorization for emergency services. Please contact your Primary Care Physician as soon as reasonably possible. If needed, your PCP will coordinate all of your medical follow up care.

What Should I Do if I Experience an Urgent Condition During or After Business Hours?

Contact your doctor at the telephone number listed on your Health Plan ID card. A medical professional is available to direct you to the necessary care. Your doctor will tell you what to do and where to go. He/She will direct you to the most appropriate place to receive care.

On Seeing a Specialist or Other Practitioner that Participates with PIMG...

Under your managed care plan, specialty referrals, practitioner and Allied Health Service referrals require prior authorization from your PCP before services are rendered. Female patients may self-refer to any Physician's Integrated Medical Group OB/GYN physician for female medical services. An annual Well Woman Exam is a covered benefit for all female PIMG members. As a well trained physician your PCP can manage many conditions, but when your condition warrants the care of a specialist, practitioner or an allied health service provider, your PCP will refer you to one. Also keep in mind that if you access medical care without the prior authorization from your PCP or PIMG, you may be financially responsible for the charges incurred.

All of PIMG's medical care decisions are based only on appropriateness of care, service, and the existence of coverage. PIMG does not compensate practitioners or any other individual conducting utilization review for denials of coverage or service, nor for any modification or reduction in services (underutilization). Any member or public person has the right to request a copy of the criteria used to arrive at any medical decision, particularly if a denial letter is issued to you by PIMG. Also, as a member you have the right to request a copy of PIMG's policies and procedures affecting any aspect of your medical care by calling (415) 467-9808. As a PIMG member you can launch a complaint, a grievance or an appeal regarding any aspect of your care by contacting your Health Plan, the Department of Managed Health Care or PIMG by letter or phone. A physician or a representative of your choosing can act on your behalf for any of these affairs. Please call PIMG's Quality Assurance (QA) Specialist at (415) 347-3001 for specific complaint or grievance information, to request a form, to obtain a copy of the Quality Management Program, Quality Management Plan or PIMG's progress in meeting its goals.

PIMG will not discriminate in treating members and makes this publicly known with its nondiscriminatory behavior. PIMG's provision of health services is not influenced by member race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment. PIMG will accept for treatment any patient in any of the health care services that they provide under the terms on its contracts.

Questions? How to Contact Us...

If you have any questions about referrals, authorizations, benefits or billing, you can speak with a Physician's Integrated Medical Group representative at (415) 467-9808 or by calling this number collect if you have questions regarding utilization issues. You may also obtain a list of PIMG's participating providers (PCPs and Specialists) or a copy of your Rights and Responsibilities as a member by calling (415) 467-9808. For a variety of additional information please visit us on the Web at www.pimg-inc.com