



West Erie Medical Group

1600 Peninsula Drive, Suite 9 • Erie, PA 16505 • (814) 877-7035 • Fax: (814) 877-6276

MANAGED CARE PATIENT GUIDELINES

WELCOME TO WEST ERIE MEDICAL GROUP. Below are guidelines to help you access health care through your managed care program.

1. When calling the office, identify yourself and that you are a Health America, Keystone, Security Blue, Gateway, Aetna US Healthcare, Access Plus, or Unison patient.
2. When seeking a referral to a specialist, you may or may not need to be seen in the Primary Care Physician's (PCP) office first. Your PCP will make that decision. There are several medical problems that can be handled in your PCP office. If it is determined that a referral to a specialist is needed, an appropriate referral will be made for you.
3. When seeing a specialist for a follow-up you must notify West Erie Medical Group 48-72 hours in advance to assure that your PCP approves the appropriate referral. Referrals cannot be processed if you are calling from the specialist's office at the time of your appointment. This is considered backdating and a referral cannot be done. This is the policy of your Managed Care Plan.
4. When planning continued treatment (physical therapy, chiropractic care, and some surgeries) keep in mind it is often takes 5-7 working days or longer to obtain authorization from your insurance. These services require a plan of treatment and a physician order for approval.
5. If you are having a procedure done (i.e. x-rays, stress test, holter monitor, etc), you should first verify coverage for that procedure through your member services. This is the responsibility of the patient not the PCP's office on verifying eligibility.
6. When seeking after hour's treatment, always call your PCP's office at 877-7035 and you will be put through to the physician on-call. **IN CASE OF A LIFE OR DEATH SITUATION GO TO THE NEAREST EMERGENCY FACILITY!** After seeking emergency treatment, notify your PCP so the appropriate referrals can be issued. Notification needs to be made within 72 hours after your treatment. If you fail to do this, **YOU WILL BE RESPONSIBLE FOR YOUR CHARGED INCURRED.**

It is important to remember that we do not back date referrals. Ultimately, it is your responsibility to notify our office of procedures and appointments so appropriate authorizations and paperwork can be completed. Do not rely on the specialists' office to notify your PCP. Have your specialist give you the appropriate diagnosis and procedure codes, along with the date of service and location of service if you are scheduled for a procedure. This is absolutely necessary to obtain authorization.

SIGNATURE _____ DATE _____