



Member Rights and Responsibilities

You have the right to:

- Be treated with respect and dignity by PCABP personnel, network doctors and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan and the care provided to you.
- Receive timely responses to your concerns.
- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Access to doctors, health care professionals and other health care facilities.
- Participate in decisions about your care with your doctor and other health care professionals.
- Receive and make recommendations regarding the organization's rights and responsibilities policies.
- Receive information about PCABP, our services, network doctors and health care professionals.
- Be informed about, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you become unable to express your wishes.
- Change Primary Care Providers up to (2) two times per year.
- Receive information about the Member Rights and Responsibilities Policy.
- Distribute the Members Rights and Responsibilities to Providers.

You have the responsibility to:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your ID card before receiving health care services.
- Pay any necessary copayment at the time you receive treatment
- Pay any charges not covered by your insurance
- Use emergency room services only for injuries and illnesses that, in the judgment of a reasonable person, require immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information must inform to your provider about any living will, medical power of attorney, or other directive that could affect your care.
- Follow the agreed upon instructions and guidelines of doctors and health care professionals.



- Participate in understanding your health problems and developing mutually agreed upon treatment goals.
- Notify us any changes in your address or family status.
- Log in to pcabp.com, or call us when you have a question about your eligibility, benefits, claims and more.
- Log in to pcabp.com or call us before receiving services to verify that your doctor or health care professional participates in the PCABP network.
- Provide complete and accurate information to the best of your ability about your health, medications (including over-the-counter products and dietary supplements), and any allergies or sensitivities.
- Agree to follow the treatment plan prescribed by your provider and to participate in your care.
- Treat all health care providers, staff, and others respectfully

PANAMA CANAL AREA BENEFIT PLAN

www.pcabp.com.pa