



CHOICES Health Services

Member Guide



2011

CHOICES Health Services Member Guide

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CONTACT INFORMATION

CHOICES Health Services

Alachua County Department of Community Support Services
218 SE 24th Street, Gainesville, FL 32641
Phone: (352) 264-6772 * Fax: (352) 264-6894
Email: CHOICES@alachuacounty.us

- Apply for CHOICES
- Questions about eligibility
- Update address and phone number
- Report changes in employment, income residency, household size

CHOICES Dental and Vision Customer Service

Managed Care of America (MCA)
Manor Oak Two, Suite 605
Pittsburgh, Pennsylvania 15220
Phone: (800) 922-4966 * Fax: (412) 922-3071

- Billing/claims information
- Questions about Covered Services

CHOICES Medical Claims & Billing—BCBSF of Florida

Blue Cross and Blue Shield of Florida
P.O. Box 1798
Jacksonville, FL 32231-0014
Phone: (800) 664-5295

- Billing/claims information
- Questions about Covered Services Customer Service, Pharmacy and Disease Management

CHOICES Website, www.acchoices.com

- For information about the program.

CHOICES Health and Wellness Program

224 SE 24th St., Gainesville, FL 32641
Phone: 352-334-8889 or Email: CHOICEShewprogram@doh.state.fl.us

- Classes, workshops and support groups focusing on weight loss, exercise and meal planning, smoking cessation, disease prevention education, etc.

WELCOME!

We are pleased to have you in the program. Becoming a member of CHOICES is an important step in improving, maintaining and enjoying good health. Please read your Member Guide carefully. It gives you important information about our yearly enrollment process and covered medical services. Please remember, while CHOICES covers many primary and preventive health care services through the BCBSF (BCBSF) Health Options Network, you may find that meeting your particular medical needs requires additional services that are not covered by CHOICES. If you have questions about specific medical services, please call BCBSF Customer Service at 800-664-5295. For questions regarding your dental and vision benefits, please call MCA customer service at 800-922-4966. Members are financially responsible for any uncovered services received.

CHOICES Community Health Offering Innovative Care & Educational Services

CHOICES is a health services program offered by the Alachua County Board of County Commissioners (BOCC) and administered by the Department of Community Support Services. It is designed to help uninsured workers of Alachua County stay healthy by providing them with quality health care services.

CHOICES was created by the BOCC and is supported by residents of Alachua County. The enabling state legislation, Florida Statute Chapter 212, allows counties to levy a special sales tax to fund health care. CHOICES is funded by a 0.25% sales tax that was approved by Alachua County voters in August 2004. The tax was approved for seven years. Collection began in January of 2005.



Alachua County's CHOICES Health Services Plan provides you with:

- Primary and preventive care services
- Dental care services
- Vision Care
- Specialty care services (when medically necessary)
- Prescription assistance
- Disease management services for chronic illnesses such as Asthma, Diabetes, High Blood Pressure and Congestive Heart Failure
- Health and wellness classes, workshops and support groups

**Before you begin, learn some important
Facts about CHOICES**

CHOICES is not an insurance company

CHOICES is a health services program that provides primary, specialty, dental and vision healthcare.

CHOICES does not supplement insurance plans

CHOICES provides services to residents who do not have access to affordable care.

CHOICES does not provide family coverage

CHOICES provides individual coverage to eligible working uninsured residents.

CHOICES does not provide coverage for children

Contact Florida KidCare
at 1-888-540-5437 or FloridaKidcare.org.

***CHOICES does not cover hospitalization
or emergency room visits***

CHOICES ELIGIBILITY & ENROLLMENT

ELIGIBILITY CRITERIA

You are enrolled in CHOICES because you have met the eligibility criteria for participation in the program. Current eligibility requirements are:

- Age: 18-64 or a Senior citizen, age 65 or older
- Alachua County resident
- U.S. Citizen or permanent resident
- Household income at or below 200% of the Federal Poverty Level
- Working an average of 80 hours monthly (including self employment)
- Employer does not offer health insurance or employer offered health benefits are not affordable (affordability criteria applies)
- Not eligible for group or public health insurance programs, such as Medicaid or Veteran's Administration.
- Not students enrolled in institutions with Student Health Care Centers

If there are changes in your employment, income, residency, insurance status or household size you must notify our office immediately. Changes in any of these areas may affect your eligibility.

ENROLLMENT

CHOICES participants are enrolled until they are determined ineligible for services. No longer than twelve months after you are enrolled, we will contact you to update the status of your:

- Employment
- Residency
- Income
- Health Coverage Status

Please remember to contact us regarding any changes in your address and phone numbers. Without this information we will be unable to perform the eligibility update that allows you to maintain your CHOICES coverage.

MEMBERSHIP ID CARDS

All members between the ages of 18-64, will receive two CHOICES ID cards. You will receive a CHOICES-Blue Cross Blue Shield of Florida (BCBSF) ID Card for your Medical services and a Managed Care of America Administrators (MCA) card for your Dental and Vision services. Both ID cards contain important contact information on the back that you and your physicians will need. Please refer to it for these important information and phone numbers.

YOUR CHOICES DENTAL AND VISION IDENTIFICATION CARD

Within three weeks after completing enrollment, you should receive a CHOICES identification card in the mail. The card will be mailed to you by Managed Care of America from Pittsburgh, PA. If you need dental or vision care services prior to receiving your CHOICES identification card, please contact CHOICES Customer Service for assistance. Please take your identification card with you to each health care visit. When scheduling your appointments, be sure to inform the office that you are enrolled in CHOICES. Your identification card has important contact information on the back. Please refer to it for MCA phone numbers.

YOUR CHOICES-BCBSF MEDICAL IDENTIFICATION CARD

Within 5-10 days after completing enrollment, you will receive a BCBSF welcome packet in the mail that will include your identification card. The card will be mailed to you by BSBSF. If you need medical services prior to receiving your ID identification card, please contact BCBSF Customer Service or the CHOICES office for assistance. Please take your identification card with you to each health care visit. Your identification card has important contact information on the back. Please refer to it for BCBSF phone numbers.

STARTING YOUR HEALTH SERVICES PLAN

IMPORTANT INFORMATION



Now that you have enrolled in CHOICES, you may select from any of the BCBS HMO Primary Care Providers (PCP) and you may change PCPs as often as you like. In order to select a dental care provider, you will need to return your Provider Selection Form to the CHOICES office. Please refer to the CHOICES Dental and Vision Provider Directory for a list of available dental care providers. You may change dental care providers one time during the next calendar year, unless the change is due to extraordinary circumstances that interfere with your ability to receive adequate care. If you need to request a change, call the CHOICES office. For changes to your PCP, please contact BCBSF Customer Service.

MORE DENTAL INFORMATION

Once you have selected a dental provider, complete your provider selection, enrollee acknowledgement forms. Mail or fax the forms to CHOICES Health Services. Please, allow 5-7 days to process your information before making a dental appointment. Also, remember that it may take a few weeks to be seen if you are a new patient.

DENTAL CARE

Your dental provider will provide preventive care including teeth cleaning, repair, denture therapy and education about dental health.

CHOICES considers care of your teeth and gums (oral health) to be an important part of maintaining overall good health. Research has shown that dental health is necessary for overall wellness. People who do not receive regular dental care not only suffer from pain and difficulty eating, but are more likely to suffer from heart disease and other problems.

Each year of enrollment you can receive up to \$1000 in covered dental services. Members who have been diagnosed with chronic conditions: diabetes, asthma, congestive



health failure, or hypertension can receive up to \$1200 in covered dental services. Once CHOICES has paid this amount during your enrollment year, you will be responsible for payment of additional services.

Although CHOICES covers many of the services that you may need, your dentist may recommend services that are not covered by CHOICES. It is important that you discuss your care and treatment plan with your dentist.

If you have any questions about covered services or dental benefits status, please contact CHOICES customer service (MCA) at 800-922-4966. You are financially responsible for any uncovered services received.

VISION CARE

CHOICES provides vision care services such as comprehensive eye exams and eyeglasses through MCA Administrators. For medical eye conditions, CHOICES provides services through Blue Cross Blue Shield of Florida's HMO Provider Network. For a complete listing of CHOICES Vision Care Providers, please refer to your CHOICES Dental and Vision Provider Directory. For all other vision care provider questions, please contact MCA Administrators or CHOICES.

PRESCRIPTION MEDICINE

To make prescribed medications more affordable for Members, CHOICES provides prescription assistance through BCBSF. Members have a small co-pay of \$5.00 for each covered prescription. In an effort to manage costs, many of the medications you receive will be generic versions of prescribed brand medications. There is a \$5,000 annual maximum on prescriptions.

BCBSF is the pharmacy benefits manager for CHOICES and will help you get the medications you need for good health, yet keep costs reasonable.

For questions regarding a specific medication, please contact BCBSF Customer Service or visit www.bcbsfl.com to access the MyBlueService web site. You are able to set up your own personal account to review your prescription claims and medications and you may receive important drug information.

Some medications may require a prior authorization, or determination of medical necessity. Patients must fail to respond properly to generic brands before consideration for certain brand medications. Please have your Health Care Provider contact BCBSF.



SUMMARY OF COVERED HEALTHCARE SERVICES

CHOICES Health Services covers Ambulatory and Outpatient Services which are covered by Medicare unless explicitly stated as excluded by the Plan. Ambulatory and Outpatient Services are those services provided in a physician or other healthcare provider's office or outpatient facility and does not include confinement. CHOICES also covers the following services which are excluded fully or partially by Medicare.

- Dental Services
- Family Planning Services
 - Immunizations
 - Routine Physicals
 - Vision Services



The following is an overview of the services which are covered under the CHOICES Health Services Plan.

(1) Physician and Primary Care Services. The professional services of a Physician or ARNP for medical services. Routine care, consultation, and care for illness or injury. Includes the services of a Primary Care Provider and Specialist.

(2) Disease Management and Wellness

Services. These services provided are provided through BCBSF . Services aimed at improving health outcomes and quality of life for Members who have certain chronic conditions such as diabetes and hypertension, are eligible to participate in this initiative. Disease Management works with the member to provide disease-specific education to CHOICES members. Care managers are an extension of these services by helping Members better understand their conditions and make necessary life style and behavioral changes with the goal of self-management.

(3) Outpatient Hospital Services. The medical services and supplies furnished by a Hospital. Outpatient hospital services are preventive, diagnostic, therapeutic, and service items provided to an outpatient. The services must be provided under the direction of a licensed physician or dentist.

(4) Prescription Drugs. Prescribed medications, contraceptive devices, and other prescribed medical supplies, such as diabetes testing strips and lancets. Generic drug coverage unless prior authorized as medically necessary.

(5) Dental Services. Comprehensive oral evaluation; acute emergency dental procedures to alleviate pain or infection; incision and drainage of an abscess;

necessary radiographs to make a diagnosis; problem-focused oral evaluation; periodic oral prophylaxis; non-surgical periodontal treatments including scaling and root planing; restorative dental procedures including amalgam and tooth colored fillings; dental extractions; surgical procedures essential to the preparation of the mouth for dentures; complete and partial dentures and denture therapy.

- (6) Family Planning Services.** Examinations; Family planning counseling visits; Family planning supply visits; Birth control; Family planning laboratory tests; Family planning related pharmaceuticals; Evaluation and management visits for STD treatment and follow-up; Antibiotics for treatment of STDs.
- (7) Immunizations.** Examples include Influenza, Pneumococcal, Hepatitis B
- (8) Routine Preventive Care.** Services that help prevent or lessen complications from a condition you already have, find health problems early when treatment works best, or manage a medical problem. Routine Physicals, Colorectal Cancer Screening, Screening Mammography, Screening Pap Test, Prostate Cancer Screening; Cardiovascular Disease Screening; Diabetes Screening; Glaucoma Screening; Bone Mass Measurement; Diabetes Self-Management, Supplies, and Services.
- (9) Vision Services.** Services rendered by licensed ophthalmologists, optometrists and opticians. Services include comprehensive eye exams and eyeglasses.
- (10) Other Medical Services and Supplies.** These services and supplies not otherwise included in the items above are covered as follows:
- Anesthesia. Local or general anesthetic to reduce or block the awareness of sensation or pain.
 - Blood and Blood derivatives that are not donated or replaced. Intravenous injections and solutions. Administration of these items is included.
 - Respiratory Therapy respiratory care to evaluate, treat, and care for breathing or other cardiopulmonary disorders.
 - Laboratory Services. Diagnostic clinical laboratory procedures and studies. Examples include blood glucose, cholesterol, basic metabolic panel, and complete blood count.
 - Radiology Services. Diagnostic radiology services. Examples include X-Ray, CT, MRI and Ultrasound.

- Chiropractic Services. Manipulation of the spine, and spinal x-rays. The new patient visit consists of a screening and any required manipulation of the spine by a licensed M.D., D.O. or D.C.
- Durable Medical Equipment and Medical Supplies. Equipment that can be used repeatedly, serves a medical purpose, and is appropriate for use in the patient's home. Medical supplies are medical or surgical items that are consumable, expendable, disposable or non-durable, and are appropriate for use in the patient's home. Examples of reimbursable equipment and supplies include, but are not limited to: Ambulatory equipment (canes, crutches, walkers); Blood glucose meters and strips; Diabetic supplies; Peak flow meters. Prior Authorization Required for Some Equipment and Supplies.
- Diagnostic Hearing Services. Hearing testing. Hearing Aids may be covered by prior authorization only.
- Outpatient treatment of Mental and Behavioral Disorders. Care, supplies and treatment of Mental Disorders and Substance Abuse. Services are provided for the maximum reduction of the recipient's mental health or substance abuse disability and restoration to the best possible functional level. Services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed. Services include assessments, treatment planning, medical and psychiatric services.
- Occupational Therapy by a licensed occupational therapist. Therapy must be ordered by a Physician, result from an Injury or Sickness and improve a body function. Occupational therapy addresses the functional needs of an individual related to the performance of self-help skills; adaptive behavior; and sensory, motor, and postural development. Services include evaluation and treatment to prevent or correct physical and emotional deficits or to minimize the disabling effect of these deficits. Typical activities are perceptual motor activity exercises to enhance functional performance, kinetic movement, guidance in the use of adaptive equipment, and other techniques related to improving motor development. Covered Charges do not include recreational programs, maintenance therapy or supplies used in occupational therapy.
- Physical Therapy by a licensed physical therapist and supervised physical therapy assistants. Physical therapy addresses the development, improvement or restoration of neuromuscular or sensory motor function; relief of pain; or control of postural deviation to attain maximum performance. The therapy must be in accord with a Physician's exact orders as to type, frequency and duration and for conditions which are subject to significant improvement through short-term therapy. Services include the evaluation and treatment related to range-of-motion, muscle strength, functional abilities and the use of adaptive or therapeutic equipment. Activities include rehabilitation through

exercises, the use of equipment and rehabilitation through therapeutic activities.

- Speech-Language Pathology Services by a licensed speech therapist. Therapy must be ordered by a Physician and follow either: (i) surgery for correction of a congenital condition of the oral cavity, throat or nasal complex (other than a frenectomy) of a person; (ii) an Injury; or (iii) a Sickness that is other than a learning or Mental Disorder. Speech-language pathology services involve the evaluation and treatment of speech-language disorders.
- Surgical dressings, splints, casts and other devices used in the reduction of fractures and dislocations.
- Urgent and Immediate Care Services. Unscheduled ambulatory services for immediate diagnosis and treatment of illness or injury.

Alachua County's CHOICES Health Services Program Summary of Healthcare Plan Benefits

Summary of Annual Maximum Medical Benefits for:

All Medical Benefits (Inclusive of DME and TMJ Services)	\$50,000
Durable Medical Equipment (DME)	\$1,000
Temporomandibular Joint Disorder	\$1,000

Summary of Annual Maximum Dental Benefits for:

Dental Care (Exclusive of Dentures and Denture Therapy Services)	\$1,000
Dental Care: Disease Management Patients* (Exclusive of Dentures and Denture Therapy Services)	\$1,200
Dentures and Denture Therapy (Exclusive of Dental Care)	\$1,000

*Patients who have a diagnosed chronic condition and participating in Disease Management Program.

Summary of Medical Benefits and Co-Payments

Covered Medical Expenses:	Copayment	Limits
1. Chiropractic Care	\$10 per visit	10 visits per calendar year
2. Colonoscopy	\$25	One routine exam every 5 years (over age 50) or as medically necessary
3. Durable Medical Equipment (DME)	No Copayment	\$1000 per calendar year
4. Home Health Care	No Copayment	20 visits per calendar year maximum
5. Immediate or Urgent Care Center	\$25 per visit	2 visits per calendar year
6. Outpatient Diagnostic Lab	No Copayment	
7. Outpatient Diagnostic Radiology	\$5/\$15.00	Independent Facility/Hospital Facility

Summary of Dental Benefits and Co-Payments

Covered Dental Expenses:	Copayment	Limits
1. Basic, Preventive and Routine Dental Care <i>(See pages 6-7)</i>	\$10 per visit To offset the cost of parking, patients at the UF College of Dentistry: \$7 per visit	\$1,000 per calendar year \$1200 per calendar year for Disease Management patients
2. Denture Therapy <ul style="list-style-type: none"> • Complete Upper Denture • Complete Lower Denture • Partial Upper Denture • Partial Lower Denture 	\$50 each \$50 each \$50 each \$50 each <i>No additional copayments for the above denture therapy services</i>	\$1,000 per calendar year Once every five (5) years

Summary of Vision Benefits and Co-Payments

Covered Vision Care Expenses:	Copayment	Limits
1. Comprehensive Eye Exam	\$10.00	Once annually or as medically necessary
2. Eyeglasses	\$25.00	One pair annually

Summary of Prescription Drug Benefits and Co-payments

Covered Prescription Drug Expenses:	Participating Pharmacy
Pharmacy Options (30-day supply):	
Copayment, per prescription or refill, for generic	\$5
Copayment, per prescription or refill, for name brands*	\$5
*Prior authorization is required: Primary Care Provider must submit a statement of medical necessity and failure to respond to generic to the Pharmacy Benefits Manager.	

EXCLUSIONS

The following services and supplies are restricted as described or not covered by CHOICES Health Services Program. These services are not eligible for reimbursement or subject to appeal.

- Abortion. Services, supplies, care or treatment in connection with an abortion.
- Alternative Therapies including Acupuncture, Aqua Therapy, Aromatherapy, Chelation, Hypnotherapy, Magnetic Therapy, Music Therapy.
- Ambulance Services
- Bariatric Surgery and services associated with Bariatric Surgery
- Breast Reductions
- Charges Imposed by Immediate Relatives of the Patient or Members of the Patient's Household
- Chemotherapy
- Cosmetic Surgery Any surgical procedure or treatment directed at improving appearance, except when required for the prompt repair of accidental injury or for the improvement of the functioning of a malformed body member.
- Custodial Care. Services, supplies provided to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and preparation of special diets.
- Dialysis
- Electrolysis
- Emergency Department Services and Admissions
- Experimental or Investigational. Care and treatment that is either experimental or investigational.
- Foreign travel. Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services.
- Furniture. Geri-chairs, roll-about chairs, seat-lift chairs, elevator lift chairs for climbing stairs, motorized scooters, and custom and motorized wheelchairs.
- Government coverage. Items and Services Furnished, Paid for or Authorized by Governmental Entities - Federal, State, or Local Governments. Items or services paid for directly or indirectly by a Federal, State or local governmental entity. Care, treatment or supplies furnished by a program or agency funded by or eligible for funding by any other government program.
- Auditory Implants
- HIV/AIDS Treatment. Care, supplies, services and treatment for HIV/AIDS.
- Inpatient Hospital and Rehabilitation Services. Care and treatment billed by a hospital, skilled nursing facility, or physician for Inpatient Services.
EXCEPTION: When medically necessary due to complications from a covered service in order to stabilize a patient. Coverage limits apply.
- Infertility. Procedures, pharmaceuticals and treatment modalities intended to induce pregnancy.

- Insurance or Workers' Compensation. Services for which payment has been made or can reasonably be expected to be made under a liability, automobile, no-fault or workers' compensation law.
- Joint Replacements
- No Legal Obligation to Pay for or Provide Services. Items or services which neither the Member nor any other person or organization has a legal obligation to pay for or provide.
- Non-Formulary and Non-Prescription Medications
- Non-Participating physician or provider. Services that are provided by any non-contracted provider without prior authorization.
- Not Delivered Directly or Under Arrangement by a Contracted Provider
- Not specified as covered. Medical services, treatments and supplies which are not specified as covered under the Plan.
- Obstetrics and Maternity Care. Any treatment or supplies related to pregnancy or its complications.
- Organ Transplants. Any charges for services, supplies, work-ups, treatments, harvesting of organs or organ transplants.
- Orthodontia, dental crowns, dental implants, and aesthetic dental services.
- Other Health Coverage. Member is covered by another health insurance plan or program.
- Pain Management Services
- Personal Comfort Items. Items that do not contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member are not covered.
- Prisoners. Services furnished to individuals or groups of individuals who are in the custody of the police or other penal authorities or in the custody of a government agency.
- Radial keratotomy or other eye procedures and surgery to correct refractive disorders (i.e. Lasik).
- Radiation Therapy
- Services and items furnished outside the United States
- Services and items which a State or local government facility furnishes free of charge
- Services incurred before or after coverage. Care, treatment or supplies for which a charge was incurred before a person was covered under the Plan or after coverage terminated.
- Services Not Covered Under CHOICES. Medical services required to treat a condition that arises as a result of services that are not covered.
- Services Not Reasonable and Necessary. Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member are not covered.
- Sexual Reassignment and Dysfunction. Services, supplies and/or surgery and any related complications due to sexual reassignment, dysfunction or reversal of sexual reassignment. Treatment and testing for impotency, implants of any kind or any related medications.
- Sleep Studies

- Skilled Nursing Care. Care received in an inpatient facility, such as a nursing home or rehabilitation facility.
- Surgical sterilization and reversal. Care and treatment for voluntary sterilization or reversal of surgical sterilization.
- Travel or accommodations. Charges for travel or accommodations, whether or not recommended by a Physician.
- Tuberculosis
- Veteran's Administration. Services Covered by or eligible for payment by Veteran's Administration.
- Vocational Rehabilitation (VR). Services and care which is provided or eligible to be provided by VR.
- War. Services Resulting from an act of declared or undeclared war.
- Warranty. Defective equipment or a defective medical device covered under a warranty.

MEMBER RIGHTS & RESPONSIBILITIES

As a member of CHOICES Health Services you have the right to:

- Be treated with courtesy, respect, and dignity, and have privacy concerning your medical care.
- Receive a prompt and reasonable response to your questions and requests.
- Know the name of the practitioners providing medical services and other health care team members responsible for your care.
- Know what patient support services are available (including help with a hearing impairment, or an interpreter in your language if you do not speak English).
- Know what rules and regulations apply to your conduct as a patient.
- Receive information about your diagnosis, planned course of treatment, alternatives, risks and prognosis.
- Accept or refuse treatment as allowed by law.
- Be given upon request full information and necessary counseling on the availability of known financial resources for your care.
- Receive a reasonable estimate of charges for medical care before your treatment, if you have requested it. The actual costs may be higher based on changes in your condition or treatment needs.
- Receive a copy of a clear and understandable itemized bill, and on request, have the charges explained.
- Have impartial access to medical treatment or accommodations, regardless of your race, national origin, religion, disability and source of payment.
- Treatment or referral for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if your medical treatment is for research purposes. You may consent or refuse to participate in this research; your refusal will not compromise access to any other services.

- Express grievances about any violation of your rights as stated in Florida law.
- See your medical records in accordance with Florida law.
- Participate in decisions that involve your care, including consideration of ethical issues.
- As a member of CHOICES Health Services it is your responsibility to:
 - Give your health care team accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other health matters.
 - Report unexpected changes in your condition to your health care team.
 - Tell your health care team if you don't understand a planned course of treatment or what is expected of you.
 - Follow the recommended treatment plan.
 - Accept the consequences if you refuse treatment or do not follow the health care team's instructions.
 - Keep appointments and notify your provider in advance when you are unable to do so.
 - Pay your co-pay and any additional charges required for your treatment by the health care providers.
 - Follow health care facility rules and regulations affecting patient care and conduct.
 - Let your health care team know if you have an Advance Directive, such as a Living Will.
 - Respect the property of others, and of the health care providers.

COMPLIMENTS & COMPLAINTS

We want you to be satisfied with the services you receive through the CHOICES Health Services program. If you have any concerns about the services or program policies please let us know by contacting our office at:

CHOICES Health Services
 Alachua County
 Department of Community Support Services
 218 SE 24th Street
 Gainesville, FL 32641
 (352) 264-6772

Please let us hear from you about what you like about the CHOICES program and ways we can improve it. We are here to help you stay healthy.

Again, welcome to Alachua County's CHOICES Health Services program. We look forward to assisting with your healthcare needs.