

## THIS NOTICE MUST BE PROVIDED TO YOU UNDER CALIFORNIA LAW

You have received emergency care at a hospital that is not a part of your health plan's provider network. Under state law, emergency care must be paid by your health plan no matter where you get that care. The doctor who is caring for you has decided that you may be safely moved to another hospital for the additional care you need. Because you no longer need emergency care, your health plan has not authorized further care at this hospital. Your health plan has arranged for you to be moved to a hospital that is in your health plan's provider network. If you agree to be moved, your health plan will pay for your care at that hospital. You will only have to pay for your deductible, copayments, or coinsurance for care. You will not have to pay for your deductible, copayments, or coinsurance for transportation costs to another hospital that is covered by your health plan.

**IF YOU CHOOSE TO STAY AT THIS HOSPITAL FOR YOUR ADDITIONAL CARE, YOU WILL HAVE TO PAY THE FULL COST OF CARE NOW THAT YOU NO LONGER NEED EMERGENCY CARE.** This cost may include the cost of the doctor or doctors, the hospital, and any laboratory, radiology, or other services that you receive. If you do not think you can be safely moved, talk to the doctor about your concerns. If you would like additional help, you may contact:

- Your health plan member services department. Look on your health plan member card for that phone number. You can file a grievance with your plan.
- The Department of Managed Health Care's Help Center at 1-888-466-2219. The Help Center is available 24 hours a day, 7 days a week. The Help Center can work with your health plan to address your concerns, but you may still have to pay the full cost of care at this hospital if you stay.

If you have a Medicare health plan, you have additional appeal rights. If your Medicare health plan decides to send you to another hospital, you can ask the plan for an expedited (fast) appeal of its decision. Your health plan must give you a decision quickly. If you want to appeal, call or fax your health plan, and ask for an expedited appeal. Someone else, such as your relative or doctor, can call or fax for you. Your doctor or a friend/relative can call or fax for you if you give your permission in writing - called an authorization. If your appeal is denied, Medicare will automatically have a reviewer outside of your health plan review your case. If you disagree with that reviewer's decision, you will be told about additional appeal rights.