

Disclosure acknowledgement form

Georgia regulations require us to notify you about specific aspects of our provider network and related provisions about your health plan. We're also required to obtain your signature acknowledging receipt of the disclosure.

What you need to do

On the reverse side you will find the **Disclosure Acknowledgement** form which details the information required by the State of Georgia regulations. Please read this notice carefully. **Sign it and return it with your enrollment application. If you're enrolling electronically or aren't sure where to send the form, please contact your plan administrator.**

Disclosure Acknowledgement

I understand that I'm enrolling in a health care plan issued by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna) that requires health care services be provided by a participating provider. Failure to use a participating provider will result in reduced coverage or no coverage for services that I receive and I will be fully responsible for any and all costs not covered by Aetna.

I understand that I can log in to my secure website at www.aetna.com and select "**Find a Doctor, Pharmacy or Facility**". Here I can verify the most current status of a specific provider. The DocFind® online provider directory is updated daily and can be used to select a provider based on name, geographic location, group practice, medical specialty and hospital affiliation. If I need a printed directory, I can call the Member Services phone number on my member ID card.

I understand that the status of any provider may change at any time and that it is my responsibility to verify the participation status of my health care provider with Aetna prior to receiving services.

As required by the State of Georgia regulations, the following is a summary of the financial arrangements Aetna has with health care providers who participate in a network:

1. Hospital providers are paid according to a contract that includes inpatient per diems, case rates and discounted fee for service arrangements depending on the specific services provided.
2. Physicians are paid at either a discounted fee-for-service in accordance with a specific fee schedule. Or by a predetermined set amount per member, per month, known as capitation.
3. Primary care dentists under the DMO product are paid a predetermined set amount per member, per month, with an hourly guarantee. Specialty dentists and general practice dentists who are not primary care dentists under the DMO product are paid a discounted fee for service in accordance with a specific fee schedule.
4. Laboratory services are provided through a capitation arrangement. A per member, per month flat fee.
5. Other ancillary services including home health, skilled nursing and hospice care are paid on a contracted fee schedule with per diems or per visit amounts. Or through a capitated per member, per month flat fee.

By signing below, I acknowledge my understanding of these plan provisions.

Print name

Member ID # (if ID card has been issued)

Signature

Date

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).