



Community Access Program
Of Arizona and Mexico

Healthcare Discount Network

MEMBER RIGHT AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Be treated with respect and dignity by Community Access Program of Arizona and Mexico (CAPAZ-MEX) staff and health care providers.
- Get the services Available to you through CAPAZ-MEX regardless of race, color, sex, national origin, or handicap.
- Change your primary care provider (PCP). You must notify CAPAZ-MEX of the change.
- Discuss your health concerns with those providing you health care services.
- Ask questions about and get information on diagnoses, treatments and expected treatment results, and be involved in decisions about your health care.

YOU HAVE A RESPONSIBILITY TO:

- Treat all CAPAZ-MEX staff and health care providers with respect and dignity.
- Protect your Certificate of Membership. You must show the certificate to your PCP, specialist, Hospital and other providers before you get any care or services.
- Make payments to PCP, specialist, Hospitals and other providers at time of service.

Yuma Arizona
<ol style="list-style-type: none"> 1. Fees at participating primary care clinics are \$50.00 for first visit, and \$35.00 for established patients, based on established sliding fee scales. 2. Specialists' fees are \$90.00 for the first visit and \$65.00 for established patients. Consultation services, additional procedures or tests are discounted based on established rates. 3. Hospitalization fees are based on the Medicare allowable rate, which is a 65% discount of the total amount of the procedure. You may incur additional costs such as physician charges.
San Luis Rio Colorado Mexico
<ol style="list-style-type: none"> 1. Fees at participating primary care clinics are \$20.00 per visit. 2. Specialists' fees are \$40.00 per visit. Additional procedures or tests, Lab, X Rays, Pharmacy, Vision, Dental Care are discounted 20% off the standard rates. 3. Hospitalization rates are \$50.00 per admission for 18 hours or more. (Rates include the facility only. You may incur additional costs such as physician charges.)

- If you would like to know the prices before you receive the medical services or treatments, you can contact the CAPAZ-MEX personnel.
- Immediately inform CAPAZ-MEX, your PCP, and your Specialty care providers of any changes in your health care coverage, income, employee status, **including change of address and phone number.**
- Please call your health care professional in advance (at least 24 hours) if you wish to cancel or change your appointment. **A \$25.00 co-payment will be charged to you for no shows. There will be a 20% charge for cancelled memberships.**
- **Failure to comply with the responsibilities above will result in your disenrollment with CAPAZ-MEX.**

CAPAZ-MEX is not responsible for the quality of care that is provided by network hospitals, physicians, and other providers. Members are not required to use the CAPAZ-MEX provider network, except to receive discounts.

I, on behalf of myself, authorize CAPAZ-MEX and its authorized employees, agents, independent contractor, and participating providers to release to and/or obtain from, said physician, practitioner, hospital, clinic, other medical or medically related facility my enrollment and medical record information.

Member Signature

Signature of Clinic/Hospital Representative

Date

Clinic/Hospital Name