

CU GME HEALTH PLAN “URGENT CARE” OPTIONS

PEDIATRIC

- Contact pediatrician’s office.
- Denver Health Pediatric Urgent Care is available seven days a week. Patients report to the emergency room. Service will be billed at level of care determined appropriate by provider. Location: Denver Health Medical Center, 777 Bannock Street. Phone: 303-602-2822. Co-payment: \$20 for urgent care visit.

ADULT

- Contact primary care physician (PCP). While your plan does not require PCP selection, you are **STRONGLY** encouraged to establish care. This will help improve access to care, perhaps avoid an emergency room visit and co-payment, and is optimal for continuity of care.
- Most in-network family practice groups offer same day access during regular business hours, even if you are not an established patient.
- Most in-network internal medicine practices offer same day access during regular business hours for established patients.
- Denver Health Medical Center Adult Urgent Care is available seven days a week. Patients report to the emergency room. Service will be billed at level of care determined appropriate by providers. Location: Denver Health Medical Center, 777 Bannock Street. Phone: 303-602-3300. Co-payment: \$20 for urgent care visit.

*In-network status at Denver Health applies **ONLY** to DH Adult Urgent Care and Pediatric Urgent Care services, not any other service provided at Denver Health, and **ONLY** for services provided *at time of presentation*.

Emergency Room copay will apply to Emergency Room services.

CAUTIONS

- It is the insured’s responsibility to know in-network versus out-of-network providers and benefits. The insured will be responsible for payment of out-of-network deductibles, coinsurance, etc. when out-of-network providers or facilities are accessed, regardless of who directed the patient to the out-of-network provider.
- Ancillary and/or follow-up services, such as labs, x-rays or scans, must also be provided by in-network physicians and facilities (and precerted, if required) to receive the in-network reimbursement rate.
- When precertification is required, it is the insured’s responsibility to make certain it is done. Failure to precert will result in the denial of benefits and the insured will be responsible for all related charges. Details are on your ID card and in the Plan Document.
- The Provider Directory and Plan Document are posted at www.uchsc.edu/gme/medins.htm.

All members of this plan are encouraged to seek medical attention, at the appropriate level of care, as needed. When emergency (critical) care is needed, report to the nearest emergency room.

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