

## Frequently asked questions

### Q: When do I go to an urgent care center?

A: Urgent care centers provide care for sudden illnesses or injuries that require prompt medical attention but are not emergencies\*. Urgent care centers are a smart alternative to hospital emergency rooms because they usually offer shorter waiting times. Urgent care centers are also open late and do not require an appointment, making them a good choice for patients who need non-emergent\* medical attention after hours or on weekends and holidays. In addition, your co-payment may be lower depending on your insurance benefit plan.

If you choose to visit an urgent care center, your doctor should be contacted prior to your visit so he or she can better coordinate your urgent care medical needs. Your doctor can be contacted 24 hours a day, seven days a week by calling his or her office. If you are instructed by your doctor or his or her staff to go to an affiliated urgent care center, please see the list in this booklet.

**\*Please note: Urgent care centers are not emergency departments.** If you are experiencing acute symptoms that you believe could result in serious jeopardy to your health or your unborn child's or serious impairment or dysfunction of your body, please seek medical help as quickly as possible by either **calling 911** or **going to the nearest emergency hospital**.

### Q: What do I do if I need to go to a specialist?

A: Please contact your primary care doctor and let them know your concerns.

### Q: How do I obtain an authorization/referral? How do I get the status of my authorization/referral?

A: To get an authorization/referral, have your primary care doctor submit the request to the medical group. To get status of your authorization/referral, you need to call your primary care doctor.

### Q: My authorization was denied. How do I appeal that decision?

A: To appeal a denied authorization/referral, please contact your insurance company/health plan to file a grievance. The insurance company/health plan will review your denied request and will either overturn or uphold the decision.

### Q: How do I get a second opinion out of a network?

A: Please contact your primary care doctor and let them know your request and they will contact your insurance company/health plan for the authorization/referral.

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# Member guide

Selecting a PrimeCare doctor does make a difference.



Important phone numbers:

**1-800-956-8000**

**PrimeCare Customer Service**

Hours of operation:

Mon. and Wed. 8:00 a.m.–5:30 p.m.

Tues. and Thurs. 8:00 a.m.–6:00 p.m.

Fri. 8:00 a.m.–4:30 p.m.

(closed 11:30 a.m.–12:30 p.m.)

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Name of primary care doctor

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Primary care doctor phone #

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Health plan

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Health plan member service #

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