



Choosing a Doctor

A Guide for People With Medicare



Developed jointly by
the Centers for Medicare & Medicaid Services
and the Agency for Healthcare Research and Quality

How This Booklet Can Help You

Choosing a doctor is an important decision. Doctors differ in many ways, and not all doctors give the same quality of care. Patients who talk freely with their doctors and help to make decisions are often happier with their care.

Giving good quality health care means doing the right thing, at the right time, in the right way, for the right person—and getting the best possible results.

Medicare offers you different ways to get your health care. Choosing a doctor in the Medicare program depends on how you choose to get your Medicare benefits. Look on pages 3–5 to find out about your Medicare health plan choices.

This booklet can help you choose a doctor who will meet your needs and give you good quality care. The basics you need to know are in sections one through five. Sections six and seven have more details for those who want them.

Choosing a Doctor isn't a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, look at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). A Customer Service Representative can tell you if the information has been updated. TTY users should call 1-877-486-2048.

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A Few Words About Your Medicare Health Plan Choices



Medicare offers you different ways to get your Medicare benefits. These different options are called Medicare health plans. Some private companies contract with the Medicare program to offer Medicare health plans. How you get your health care in the Medicare program depends on which plan you choose. Depending on where you live, you may have more than one plan to choose from.

Medicare offers the following types of Medicare health plans:

Original Medicare Plan (sometimes called fee-for-service)

Everyone with Medicare can join the [Original Medicare Plan](#). This plan is available nationwide. In the Original Medicare Plan you may go to any doctor or specialist who accepts Medicare and is accepting new Medicare patients, or to any hospital or other facility. Generally, a fee is charged each time you get a health care service. You pay a set amount for your health care before Medicare pays its part. Then, Medicare pays its share, and you pay your share ([coinsurance](#) or [copayment](#)).

You are in the Original Medicare Plan if you use your red, white, and blue Medicare card when you get your health care.

Medicare Advantage Plans (new name for “Medicare + Choice Plans”)

You can get your coverage through the Original Medicare Plan or [Medicare Advantage Plans](#). Congress created the Medicare [Advantage](#) program to provide you with more choices and, sometimes, extra benefits, by letting private companies offer you your Medicare benefits. Your choices may include the following:

- [Medicare Managed Care Plans](#)—You usually are required to see doctors in the plan’s network. A primary doctor coordinates your health care. Referrals are required for most services and to see doctors out of the plan’s network.
- [Medicare Private Fee-for-Service Plans](#)—You can see any doctor that accepts the plan’s payment. No referrals are necessary.
- [Medicare Preferred Provider Organization Plans](#)—You can see any doctor, but it costs less to see doctors in the plan’s network. No referrals are necessary.
- [Medicare Specialty Plans](#)—A special type of plan that provides more focused health care for specific people.

Remember, words in [green](#) are defined on pages 32–33.

Medicare Advantage Plans (continued)

Medicare Advantage Plans must cover at least the same benefits covered by Medicare Part A and Part B. However, your costs may be different, and you may be able to get extra benefits like coverage for extra days in the hospital.

These plans are available in many areas of the country. For information about the Medicare health plans available in your area, look at www.medicare.gov on the web. Select “Medicare Personal Plan Finder.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare pays a set amount of money for your care every month to these private health plans. In turn, the Medicare Advantage Plan manages the Medicare coverage for its members. If Medicare Advantage Plans are available in your area, and you have Medicare Part A and Part B, you can join one and get your Medicare-covered benefits through the plan. The plan may have special rules that you need to follow. You may also have to pay a monthly premium for the extra benefits.

It’s important to know how you get your Medicare health care. To learn more about Medicare, get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050) by looking at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227).

You can look at www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) to get the most up-to-date and detailed health plan information for your area. TTY users should call 1-877-486-2048.

Remember, words in green are defined on pages 32–33.

2

Steps to Finding a Doctor



Steps to Finding a Doctor

Your **primary care doctor** is an important person in your life. He or she is your main doctor—the one you see first for most health problems. This doctor can help you stay healthy. He or she can also help you find **specialists** when you need them.

The five steps that follow can help you find a primary care doctor who will meet your needs and give you high-quality care. These steps may also help you choose a specialist when you need one.

STEP 1. Think about what's most important to you in a doctor.

STEP 2. Make a list of doctors.

STEP 3. Try to find out which doctors give high-quality care.

STEP 4. Call the doctors' offices and ask questions.

STEP 5. Go to see the doctor who is your first choice.

Read on for more about each of these steps.

Remember,
words in
green are
defined on
pages 32–33.

STEP 1. Think about what's most important to you in a doctor.

The first step is to ask yourself what you want and need in a doctor. Below is a list of some things that may be important to you. You may have your own ideas too. If so, you can write them in at the bottom of the list.

If you are in the Original Medicare Plan

- My doctor takes Medicare patients.
- My doctor accepts assignment.
- My doctor is able to treat me at the hospital of my choice.

If you are in a Medicare Managed Care Plan

- My doctor is part of my health plan (in the “network”).

If you are in a Medicare Private Fee-for-Service Plan

- My doctor knows and accepts the terms of the plan's payment.

If you are in a Medicare Preferred Provider Organization Plan

- My doctor is on the plan's preferred list.

Other things that may be important when you are choosing a doctor

- My doctor has experience treating people my age.
- My doctor has experience treating people with my health problems.
- My doctor's office is easy for me to get to.
- My doctor is highly rated by a person or group that I respect.
- My doctor is easy to understand.
- I feel comfortable talking to my doctor.
- My doctor takes his/her time with me on a visit.

Other things that I think are important in choosing a doctor

STEP 2. Make a list of doctors.

The next step is to make a list of the names of doctors who have some or all of the qualities that are important to you.

If you are in a [Medicare Advantage Plan](#), check the list of doctors who work with your plan. You can get this list from your plan. Be sure to find out which doctors are accepting new patients.

Here are some other ways that people with Medicare can get the names of doctors who may meet their needs:

- Ask a doctor or someone else who works in health care (like a nurse).
- Ask family members, friends, and neighbors.
- Call the doctor referral service at the hospital of your choice. (Remember, often these services only give the names of doctors who work at that hospital.)
- Call the local medical society and ask for a list of its members.
- Look at the American Medical Association website at www.ama-assn.org (Select “Doctor Finder”). It can give you a list of doctors who are in your area.

STEP 3. Try to find out which doctors give high-quality care.

Trying to find out as much as you can about a doctor can help you choose the doctor who is best for you. It may feel strange (or even rude) to “check up” on a doctor. But not all doctors have the same skills or give the same care. That’s why it’s important to try to find out as much as you can about a doctor’s quality of care.

Many community and government groups are now trying to find good ways of checking on doctors’ quality of care. Because these efforts are still new, you may not be able to see the results until some time in the future.

Remember, a doctor referral service or medical society can only give you doctors’ names. They may not be able to tell you anything about the doctors’ quality of care.

STEP 3 (continued)

Here are some other steps you can take to find out about doctors' quality of care:

- When you ask friends, family members, or neighbors for doctors' names, also ask if they felt the doctor gave them good care.
- When you visit a doctor, trust your own feelings about him or her.

STEP 4. Call the doctors' offices and ask questions.

When you have some doctors' names, the next step is to call their offices. Below are some questions you may want to ask when you call. You may think of more questions to ask. If so, you can write them in the space at the bottom of page 13.

You may also want to talk briefly with the doctor by phone or in person. Ask if you can do this and if there is a charge. If you cannot speak to the doctor, ask if you can speak with a nurse or with the office manager.

Questions to Ask When You Call Doctors' Offices

	Doctor 1	Doctor 2	Doctor 3
BASIC QUESTIONS			
If you are in the Original Medicare Plan			
Is the doctor taking new patients?			
Does the doctor take Medicare patients?			
Does the doctor accept assignment?			
If you are in a Medicare Managed Care Plan			
Does the doctor work with my plan?			
Is the doctor taking new patients?			
If you are in a Medicare Private Fee-for-Service Plan			
Does the doctor know and accept the terms of the plan's payment?			
Is the doctor taking new patients?			
If you are in a Medicare Preferred Provider Organization Plan			
Is the doctor on my plan's preferred list?			
Is the doctor taking new patients?			
OTHER QUESTIONS			
Which hospitals does the doctor use?			
What hours are the doctor's office open?			

Questions to Ask When You Call Doctors' Offices (Continued)

	Doctor 1	Doctor 2	Doctor 3
Do other doctors "cover" for the doctor when he or she is off duty or away?			
How long does it take to get in to see the doctor... For a routine visit? For urgently needed care?			
How long might I have to wait in the office before seeing the doctor?			
Does the doctor have other patients with my health problem(s)?			
Does the doctor's office send reminders about tests I should have?			
Does the doctor (or someone in the doctor's office) give advice over the phone for common medical problems?			

Other questions to ask when I call

STEP 5. Go to see the doctor who is your first choice.

Here are some tips that may help you get ready for your first visit to a doctor.

- **Write down your questions before your visit.** List the most important questions first. This will help to make sure that you ask those questions and that the doctor answers them.
- **Bring an up-to-date “health history” (or your medical records) with you.** If you like, use the form on pages 22–24 of this guide. Also bring a list of all the medicines that you take.

During this first visit, you will learn a lot about how easy it is to talk with the doctor. You will also find out how well the doctor might meet your needs.

After the visit, ask yourself these questions:

Did the doctor...

1. Give me a chance to ask questions? YES NO
2. Really listen to my questions? YES NO
3. Give me answers that I understood? YES NO
4. Show respect for me? YES NO
5. Ask me questions? YES NO
6. Make me feel comfortable? YES NO
7. Talk about the health problem(s)
I came with? YES NO
8. Ask me if I prefer one kind of
treatment to another? YES NO
9. Spend enough time with me? YES NO

3

Talking With Your Doctor



Talking With Your Doctor

By now, if you have followed the steps in Section 2, you may have found a doctor who meets your needs. Patients who work as partners and talk with their doctors are often happier with their care. Here are some tips that can help you and your doctor become partners in your health care:

1. Give information. Don't wait to be asked!
2. Get information.
3. Take information home.
4. After you leave the doctor's office, follow up.

Read on for more about the tips listed above.

1. Give information. Don't wait to be asked!

- Always try to tell your doctor about your main health problem first.
You know how you are feeling and what health problems you have had in the past. Tell your doctor what you think he or she needs to know. It may be embarrassing to tell your doctor some things about yourself. But the more your doctor knows about you, the better advice he or she can give you.
- Keep your “health history” up-to-date. You may want to make copies of the form on pages 22–24 for other members of your family. Also tell your doctor if you see anybody else for help with a health problem.
- Make a list of all the medicines that you take. Keep the list up-to-date. Write down when and how often you take your medicines. (You can write this on the Personal Health History form on page 23.)
- Tell your doctor about any problems you have had with medicines since your last visit.
- Tell your doctor about everything you take for your health. This includes things you buy over the counter at the drug store or anywhere else—for example, herbs or vitamins.
- If you have x-ray films, test results, and medical records, give them to your doctor.

2. Get information.

- Ask questions. If you don't ask questions, your doctor may think you understand everything he or she said. Write down your questions before you go to see the doctor.
- You may want to bring someone with you to help you ask questions. This person can also help you understand and remember the answers to your questions.
- Ask your doctor to draw pictures if that might help explain something.
- Take notes.
- Let your doctor know if you need more time. If the doctor has no more time that day, ask if you can speak to a nurse or other staff person.

3. Take information home.

- Ask for something in writing that tells you what you need to know or do for your health problem.
- Your doctor may have booklets and tapes that can help you. If not, ask how you can get more information.

4. After you leave the doctor's office, follow up.

- Did you think of more questions to ask? Call your doctor's office. If you can't speak to your doctor, ask to speak to a nurse or to the office manager.
- Do you feel worse? Are you having problems with your medicine? Call your doctor's office.
- Did your doctor say you need to have a test done? Ask if you need to make an appointment to have the test, or need orders for the test.
- Did your doctor call you to tell you your test results? If not, call your doctor's office and ask for the results.
- Did your doctor say you should see a **specialist**? Ask if you need a **referral**. Also ask if you need to make an appointment to see the specialist.

Things to Remember

- **Patients who work as partners and talk with their doctors are often happier with their care.**
- **Doctors differ in many ways. Not all doctors give the same quality of care.**
- **Finding out as much as you can about a doctor can help you to choose the doctor who is best for you.**

4

Emergency and Urgently Needed Care



What to Do if You Need Emergency Care

A medical emergency is when you believe that your health is in serious danger—when every second counts. You may have severe pain, a bad injury, sudden illness, or an illness quickly getting much worse. You can get emergency care from any **health care provider** in the United States.

What to Do if You Must Get Urgently Needed Care

What if you get sick at night, on a holiday, or over the weekend? You can't get to your doctor, but you are not sick enough to go to the emergency room. There may be an “urgent care center” near you. These centers are open long hours every day to handle problems that are not life threatening. But they don't take the place of a regular **primary care doctor**. Other names for these centers are “walk-in center,” “immediate care center,” and “convenient care center.”

To make sure an urgent care center gives quality care, call or visit the center and ask these questions:

- Is a doctor there at all times?
- What other kinds of **health care providers** work at the center?
- Is the center part of a hospital? If not, how would it handle any emergency that might happen during your visit?
- Is the center **accredited**? If it is, a certificate should be posted in the center. Being accredited is like getting a “seal of approval.”

The following organizations can accredit urgent care centers:

Joint Commission on Accreditation of Healthcare
Organizations

1 Renaissance Blvd.
Oakbrook Terrace, IL 60181-4294

1-630-792-5800

www.jcaho.org

Accreditation Association for Ambulatory Health Care

3201 Old Glenview Road, Suite 300
Wilmette, IL 60091-2992

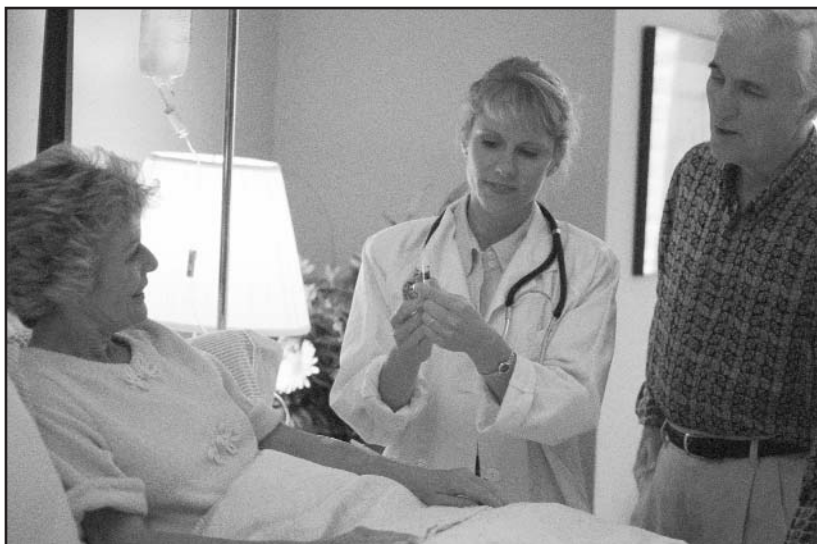
1-847-853-6060

www.aaahc.org

Remember,
words in
green are
defined on
pages 32–33.

5

Your Personal Health History



Your Personal Health History

Use this form to keep track of your health history. Keep it up to date and take it with you when you see your doctor.

Your name:

1. I was in the hospital for these conditions:

Date

2. I have had these surgeries:

Date

3. I have had these injuries and illnesses:

Date

4. I have these allergies:

Type of allergy (e.g., food, medicine)

Problem

5. I have had these shots:

	Medicare covers	Date of my last shot
Flu	Once a flu season in the fall or winter.	
Pneumococcal	One shot may be all you ever need.	
Hepatitis B	If you are at medium to high risk for Hepatitis B.	

6. I take these medicines and other remedies for my health:
(Include vitamins and anything else that you take.)

7. People in my family (parents, brothers, sisters, grandparents) have had these major health problems:

Relative	Type of health problem	How long ago

8. I see these other health care providers:

Name	Phone Number	Why I see them

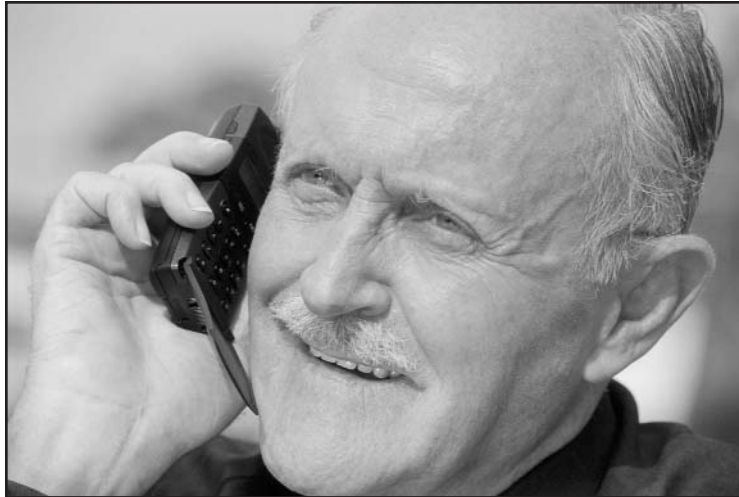
9. I get these tests (Medicare covers them) to help me stay healthy:

Test	Who is covered and when	Date of my last test
Screening Mammogram	Women 40 and older. Once every 12 months. Women between ages 35 and 39 can get one baseline mammogram.	
Pap test and pelvic exam	All women. Once every 24 months. (Every year if you are at high risk.)	
Screening for prostate cancer <ul style="list-style-type: none"> • PSA test (for prostate cancer) • Digital rectal exam 	Men 50 and older. (Coverage begins the day after the 50th birthday.) Once every 12 months.	
Screening for colorectal cancer <ul style="list-style-type: none"> • Fecal occult blood test • Flexible Sigmoidoscopy • Colonoscopy • Barium Enema 	Men and women 50 and older, except there is no minimum age for having a colonoscopy. Once every 12 months. Once every 48 months. Once every 24 months if you are at high risk for colorectal cancer. If you aren't at high risk, once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy. Doctor can use this instead of a flexible sigmoidoscopy or colonoscopy. Every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren't at high risk.	
Diabetes services	Diabetes screening tests for people who are at risk for diabetes starting January 1, 2004.*	
Bone mass measurements	Once every 24 months or more frequently if medically necessary for people at risk for losing bone mass.	
Glaucoma screening	Once every 12 months for people at high risk for glaucoma, including people with diabetes, or a family history of glaucoma, and African Americans who are age 50 or older.	
Cardiovascular screening blood test	Talk to your doctor to see if you qualify.*	

* How frequently these tests are covered had not been decided at the time of printing.

6

If You Want to Know More



This section has more detailed information on choosing a doctor.

More About Primary Care Providers

Most [primary care doctors](#) for adults are [internists](#) or family physicians. Other [health care providers](#) who are trained in primary care are [physician assistants](#) and [nurse practitioners](#). Physician assistants must work with doctors. Nurse practitioners are nurses with extra training. They often work with doctors. In some states, they can work on their own.

More About Checking on Doctors' Quality of Care

Medicare Consumer Assessment of Health Plans Survey

When you choose a health plan, you also choose the doctors who are in the plan. Every year Medicare does a survey of people in [Medicare Managed Care Plans](#) and the [Original Medicare Plan](#) to find out how satisfied they are with their plans. This survey is called the Medicare Satisfaction Survey or the Medicare Consumer Assessment of Health Plans Survey (CAHPS[®]).

The survey asks questions like:

- Do doctors in the plan explain things well?
- Is it easy to see a [specialist](#)?
- How do you rate the care you get overall?
- How do you rate the health plan overall?

If you are in a Medicare Managed Care Plan or in the Original Medicare Plan, the survey results can tell you how your plan compares with other plans in your area. The results provide general information about doctors in your plan.

They don't provide specific information about individual doctors. If you are thinking about joining a Medicare Managed Care Plan or the Original Medicare Plan, the CAHPS[®] results may help you decide which plan to choose.

More About Checking on Doctors' Quality of Care (continued)

Some CAHPS[®] results can be found in the *Medicare & You* handbook (CMS Pub. No. 10050). A copy of this handbook is mailed to every Medicare household once a year. You can also call 1-800-MEDICARE (1-800-633-4227) to ask for a free copy of the handbook as well as for detailed CAHPS[®] results for plans in your area. TTY users should call 1-877-486-2048.

Detailed CAHPS[®] results can also be found by visiting www.medicare.gov on the web. Select “Medicare Personal Plan Finder.”

CAHPS[®] was designed by national experts in health care quality, under a project funded by the Agency for Healthcare Research and Quality.

American Board of Medical Specialties

The American Board of Medical Specialties can tell you if a doctor is **board certified**. Board certification is a good measure of a doctor's knowledge. But you can get high-quality care from doctors who are not board certified.

47 Perimeter Center East, Suite 500
Atlanta, GA 30346

1-800-776-2378

www.certifieddoctor.org

State Medical Boards

In many states, you can call the State medical board to find out if a doctor is licensed and if any patients have complained about the doctor's care. You may also be able to find out if a doctor has been sued for malpractice or disciplined for any reason.

To find out how to contact your State's medical board, check your phone book or call or visit your local library. You can also look on the website of Administrators in Medicine, a group of State medical board directors at www.docboard.org on the web.

Consumer Guides

Some nonprofit groups publish guides to choosing doctors. An example is the Center for the Study of Services' Guide to Top Doctors. This on-line database contains the names of nearly 15,000 specialists recommended by other doctors. A fee is charged to access the database on the web. The database is also available as a book.

Consumers' Checkbook
733 15th Street NW, Suite 820
Washington, DC 20005

1-800-475-7283

www.checkbook.org/doctors/pageone.htm

Your Medicare Rights

If you have Medicare, you have certain guaranteed rights. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. No matter what kind of Medicare health plan you have, you always have the right to appeal. Some of the reasons you may appeal are when

- a service or item isn't covered and you think it should be.
- a service or item is denied and you think it should be paid.
- you question the amount that Medicare paid.

Information on how to file an appeal is on the Medicare Summary Notice (if you are in the Original Medicare Plan) or in your health plan materials (if you are in a Medicare Advantage Plan). If you decide to file an appeal, ask your doctor or provider for any information that may help your case.

If you are in a [Medicare Advantage Plan](#), call your plan to find out if a service or item will be covered. The plan must tell you if you ask.

Remember, words in green are defined on pages 32–33.

Getting More Information

You need a computer to use some of these resources. If you don't have a computer, your local library or senior center may be able to help you find the information on their computers.

Health Care's Front Line: Primary Care Physicians

This website discusses how to choose a [primary care doctor](#) and how to make the most of the first visit to your doctor. It's part of a series published by Health Pages, an on-line health magazine.

www.thehealthpages.com

Healthfinder

This website, run by the U.S. Department of Health and Human Services, offers reliable consumer information from the Federal Government and its many partners. It has links to websites with consumer health information, on-line publication catalogs, on-line brochures, and databases and search engines that help you find information on the web.

www.healthfinder.gov

Medicare Information

Medicare offers free booklets about Medicare-related topics to help you make good health care decisions. To get these booklets, you can look at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Many Medicare booklets are available in Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish).

Visit www.medicare.gov to get quick answers to your questions. The Medicare website also gives access to several interactive databases, including "Participating Physician Directory," a tool that lets you search and get important information about doctors in certain specialties in an area that you select and "Nursing Home Compare," which offers detailed information on nursing homes.

The Pocket Guide to Staying Healthy at 50+

This patient booklet is part of the Put Prevention Into Practice program, which encourages Americans to get the preventive care they need. The booklet can help you keep track of your shots and other preventive services. Free.

Agency for Healthcare Research and Quality

Publications Clearinghouse

P.O. Box 8547

Silver Spring, MD 20907

1-800-358-9295

www.ahrq.gov/consumer

Talking With Your Doctor

This brochure discusses ways to have a healthy doctor-patient relationship. It suggests questions for patients to ask their doctors. Although written for cancer patients, this brochure may also be helpful for people with other health problems. 6 pages. Free.

American Cancer Society

1-800-ACS-2345 (1-800-227-2345)

www.cancer.org

Talking With Your Doctor: A Guide for Older People

This booklet suggests ways to discuss health concerns, medicines, and other issues important to older people. 29 pages. Free.

National Institute on Aging

Information Center

Building 31, Room 5C27

31 Center Drive MSC 2292

Bethesda, MD 20892-2292

1-800-222-2225

TTY users should call 1-800-222-4225

www.nih.gov/nia

Words to Know



Accredited (accreditation)—Having a “seal of approval.” Being accredited means that a facility or health care organization has met certain quality standards. These standards are set by private, nationally recognized groups that check on the quality of care at health care facilities and organizations.

Assignment—In the Original Medicare Plan, this means a doctor agrees to accept Medicare’s fee as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor’s visit.

Board certified (board certification)—This means a doctor has special training in a certain area of medicine and has passed an advanced exam in that area of medicine. Both primary care doctors and specialists may be board certified.

Coinsurance—The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Copayment—In some Medicare health plans, the amount that you pay for each medical service, like a doctor’s visit. A copayment is usually a set amount you pay for a service. For example, this could be \$10 or \$20 for a doctor’s visit. Copayments are also used for some hospital services in the Original Medicare Plan.

Grievance—A complaint about the way your Medicare health plan is giving care. For example, you may file a grievance if you have a problem calling the plan or if you are unhappy with the way a staff person at the plan has behaved toward you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered.

Health care provider—A person who is trained and licensed to give health care. Also, a place that is licensed to give health care. Doctors, nurses, and hospitals are examples of health care providers.

Internist—A doctor who finds and treats health problems in adults.

Medicare Advantage Plan—A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease (unless certain exceptions apply). Medicare Advantage Plans used to be called Medicare + Choice Plans.

Medicare Managed Care Plan—A Medicare health plan option that is available in some areas of the country. In most managed care plans, you can only go to doctors, specialists, or hospitals on the plan’s list. Plans must cover all Medicare Part A and Part B health care. Some managed care plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Preferred Provider Organization Plan—A Medicare health plan in which you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Private Fee-for-Service Plan—A Medicare health plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn't cover.

Medicare Specialty Plan—A type of Medicare Advantage Plan that provides more focused health care for some people. These plans give you all your Medicare health care as well as more focused care to manage a disease or condition such as congestive heart failure, diabetes, or End-Stage Renal Disease.

Nurse practitioner—A nurse who has 2 or more years of advanced training and has passed a special exam. A nurse practitioner often works with a doctor and can do some of the same things a doctor does.

Original Medicare Plan—A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare and is accepting new Medicare patients. You must

pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Physician assistant—A person who has 2 or more years of advanced training and has passed a special exam. A physician assistant works with a doctor and can do some of the things a doctor does.

Primary care doctor—A doctor who is trained to give you basic care. Your primary care doctor is the doctor you see first for most health problems. He or she makes sure that you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Managed Care Plans, you must see your primary care doctor before you see any other health care provider.

Referral—An OK from your primary care doctor for you to see a specialist or get certain services. In many Medicare Managed Care Plans, you must get a referral before you get care from anyone except your primary care doctor. If you do not get a referral first, the plan may not pay for your care.

Specialist—A doctor who treats only certain parts of the body, certain health problems, or certain age groups. For example, some doctors treat only heart problems.

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This booklet, *Choosing a Doctor*, is one of a series of booklets for people with Medicare. Other titles include *Choosing Treatments*, *Choosing a Hospital*, *Choosing a Medicare Health Plan* and *Choosing Long-Term Care*. Each booklet can help you to make health care choices.

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