

## **New Wave**

### **Internal Medicine Clinic**

Amber D. Coville M.D. \* Lydia F. Latour M.D.

Specializing in Internal Medicine

1135 Ocean Springs Rd

Ocean Springs, MS 39564

228-875-6695

#### Patient's Notice of Rights

It is the responsibility of the patient or his/her to exercise their rights regarding the care received in this center. If you have any questions or concerns, please feel free to contact this centers administrator.

Melinda Blethen (Office Manager)

228-875-6695

If you have a problem regarding the care of the services provided that cannot be resolved with the administration of this center, please contact your local health agency:

Mississippi Department of Health, District 9

District Medical Director

P.O. Box 3749

Gautier, MS 39505

228-831-5151

If you have questions or concerns regarding your Medicare benefits at this center. Please contact the Medicare Beneficiary Ombudsman:

[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

1-800-MEDICARE

(1-800-633-4227)

TTY/TDD 1-877-486-2048

***All patients have the right to inform consent in treatment decisions, timely access to specialty care, and confidentiality protections.***

Patients should be treated courteously with dignity and respect. Before consenting to specific care choices, they should receive complete and easily understood information about their condition and treatment options. Patients should be entitled to: coverage for qualified second opinions; timely referral and access to needed specialty care and other services; confidentiality of their medical records and communications with providers; and, respect for their legal advanced directives or living wills.

***All patients have the right to concise and easily understood information about their coverage.***

This information should include the range of covered benefits, required authorizations, and service restrictions or limitations (such as on the use of certain health care providers, prescription drugs, and "experimental" treatments). Plans should also be encouraged to provide information assistance through patient ombudsmen knowledgeable about coverage provisions and processes.

***All patients have the right to know how coverage payment decisions are made and how they can be fairly and openly appealed.***

Patients are entitled to information about how coverage decisions are made, i.e., how "medically necessary" treatment is determined, and how quality assurance is conducted. Patients and their family caregivers should have access to an open, simple, and timely process to appeal negative coverage decisions on tests and treatments they believe to be necessary.

***All patients have the right to a reasonable choice of providers and useful information about provider option.***

Patients are entitled to a reasonable choice of health care providers and the ability to change providers if dissatisfied with their care. Information should be available on provider credentials and facility accreditation reports, provider expertise relative to specific diseases and disorders, and the criteria used by provider networks to select and retain providers. The latter should include information about whether and how a patient can remain with a provider who leaves or is not part of a plan network.

***All patients have the right to complete and easily understood information about the costs of their coverage and care.***

This information should include the premium costs for their benefits package, the amount of any patient out-of-pocket cost obligations (e.g., deductibles, copayments, and additional premiums), and any catastrophic cost limits. Upon request, patients should be informed of the costs of services they've been rendered and treatment options proposed.

***All patients have the right to know what provider incentives or restrictions might influence practice patterns.***

Patients also have the right to know the basis for provider payments, any potential conflicts of interest that may exist, and any financial incentives and clinical rules (e.g., quality assurance procedures, treatment protocols or practice guidelines, and utilization review requirements) which could affect provider practice patterns.