

EMERGENCY COVERAGE GUIDE

LAKESIDE MEDICAL GROUP

Your coverage with us is *LIMITED TO:*

- o All types of urgent care and emergency medical care that meet the AMA (American Medical Association) Guidelines for Standard of Care.



Providers and Patients must call us for authorizations. Payment to provider only upon authorization and approval from Lakeside Medical Group.

Lakeside Medical Group operates in a Managed Care environment system very similar to how an HMO Works in the USA: your primary care physician will work directly with you, the specialists and providers as needed to manage your medical care.

If patients remain within our network of provider we can extend coverage so that you do not have to pay out of pocket.

Please **call us** for **APROVALS** and **AUTHORIZATIONS**:

- o **Panama +507 833-5790**



Your coverage includes office visits with doctors, medications, out-patient and in-patient admissions, labs and diagnostics and materials when meeting the criteria for ***Urgent Care*** and/or ***Emergency Medical Care***

Urgent Care is defined as medical care provided for illnesses or injuries which require prompt attention but are typically not of such seriousness as to require the services of an emergency room.

- Minor accidents and injuries
- Cuts, Bruises and Burns
- Headaches and Migraines
- Sinusitis
- Allergic Reactions
- Lacerations
- Insect Bites and Skin Conditions
- Dehydration and (IV treatments)
- Joint Pain
- Sore Throat / Strep Throat
- Animal Bites
- Diarrhea / Vomiting / Nausea
- Minor Burns Splinters
- Asthma Dizziness
- Minor Sprain (Ankle / Knee / foot)
- Sport Injuries
- Bacterial Infections
- Earache / Nasal Congestion
- Sprains / Strains
- Bladder Infections
- Ear and Eye Infections
- Sprains or Fractures
- Boils
- Stomachaches
- Bronchitis / Pneumonia
- Ear Injuries
- Pulled or Strained Muscles
- Bruises Fevers
- Rashes
- Burns Abrasions (Minor)
- Foreign Bodies
- Respiratory Infections

Emergency Medical Care is defined as medical care provided for an acute injury or illness that poses an immediate risk to a person's life or long-term health sometimes referred to as a situation risking "life or limb".

- Accident and injuries
- Bleeding
- Bleeding that won't stop
- Breathing difficulties
- Chest pain
- Collapsing
- Coughing up or vomiting blood
- Deep wound
- Difficulty breathing
- Drooping or numbness on one side of your face or body
- Falls and Trauma
- Head, neck or spine injury
- Injury from a car accident or smoke inhalation

- Loss of consciousness
- Major life -or limb-threatening injuries
- Near drowning
- Poisoning
- Seizures
- Severe vomiting or diarrhea that won't stop
- Severe wounds and amputations
- Signs of heart attacks, including chest pain
- Signs of stroke, sudden onset of numbness in the arms/legs
- Sudden dizziness, weakness or change in vision
- Sudden, severe pain anywhere in the body
- Suicidal or homicidal feelings
- Suicidal or homicidal thoughts
- Swallowing a poisonous substance
- Unexplained confusion or unusual behavior
- Upper abdominal pain or pressure

WHAT SHOULD I DO IN AN EMERGENCY?

1. **CALL** your local emergency services.
2. **GO TO** your nearest emergency medical center.
3. **GET** medical treatment.

Ask the hospital or your friend or family to call us. If the hospital is in our network then coverage will be easier to establish. If the hospital is not in our network we will attempt to work with the hospital for coverage for you. If we are unable to do so then we will arrange for your transportation, if medically appropriate, to one of our network hospitals.

PATIENT CO-PAYS

MiniMed is one of our Preferred Network Hospitals

No-Copays in Preferred Network Hospitals

1. Office Visits
2. Labs
3. Diagnostics
4. Imaging/MRI/CATscans

\$5 USD copay
waived for authorized
care at MiniMed

-
1. Out-Patient Procedures
 2. 24 hour or less hospitalizations

\$25 USD copay
waived for authorized
care at MiniMed



In-Patient Hospitalizations

(more than 24 hours)
per admission limit

\$150 USD copay
waived for authorized
care at MiniMed



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LAKESIDE MEDICAL GROUP

PATIENT FINANCIAL RESPONSIBILITY

- You **do NOT** have to pay **20% co-insurance**
- You **do NOT** have to pay **yearly deductibles**
- Your **ONLY** responsibility is a **very small co-pay** due at the time of service
copay waived for authorized care at MiniMed

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www.lakemedicalgroup.com



If you get a letter from your insurance company showing an amount owed for Patient Responsibility, you do NOT need to pay this to us or the hospital or doctor. You also do NOT need to pay this to your insurance company. Contact us if you receive a letter showing you owe fees so that we can do a contractual write-off for you leaving a zero balance.