



Affordable health coverage. Quality care.

1-800-701-0710 (TTY 1-800-701-0720)

Rights and Responsibilities

- I promise that I have answered all questions on this application truthfully.
- I understand that I may be asked for other information by NJ FamilyCare or the HMO.
- I give permission to NJ FamilyCare to talk to employers and State agencies to make sure that the income information I have given is correct (NJ FamilyCare may check Social Security, wage benefits, unemployment benefits and other income sources).
- I understand that NJ FamilyCare may use my income information only for this application.
- I understand that NJ FamilyCare will obey federal and State laws when they review my application.
- I understand that I have the right to ask for a review of any decision NJ FamilyCare makes about my application.
- I understand that it is a crime if I, or anyone else who is mentioned on this application, provides information that is not true and, that I can be punished under federal and state laws for knowingly providing false information.
- I understand that NJ FamilyCare can tell whoever helped me with the application what is happening to my application.
- I understand that after NJ FamilyCare reviews my application, my family will be enrolled in the program for which they qualify.
- I understand that if my family qualifies for NJ FamilyCare the Commissioner of Human Services may have the right to any payments for medical care from a third party (such as an insurance company or legal settlement).
- I understand that I must fill out a Renewal Application for this health insurance each year.
- I understand that I must tell NJ FamilyCare immediately about any changes in my information, such as a change in income or a change of address. I know that I must call 1-800-701-0710 (TTY 1-800-701-0720) to report any changes.
- I understand that if I do not report changes I may lose my benefits and have to pay for the benefits I have used, with interest and penalties.
- I understand that the information which I have given is private and will be given only to the HMO, the Health Benefits Coordinator and NJ FamilyCare.
- I understand that because I have joined an HMO, I must follow the rules for obtaining health care from the HMO.
- I understand that I must let my HMO and NJ FamilyCare know if there is any change in the number of people in my family and that any newborn children will be enrolled in my HMO.
- I understand that, unless I, or a family member, have a true medical emergency, I must call my personal doctor for medical advice, medical care or for a referral to a specialist.
- I understand that if I, or a family member, have a true medical emergency, I must call my personal doctor or the HMO as soon as possible after I, or the family member, go to the hospital.
- I understand that I must keep any medical appointment I have scheduled with a doctor and, if I cannot, I must call the doctor's office to cancel the appointment.
- I understand that if I go to a doctor other than my personal doctor I have selected, without a referral from my doctor or approval from the HMO, I may have to pay for that doctor's services because NJ FamilyCare will not pay for the unapproved service or visit.
- I understand that I may change to another HMO and that I can call the Health Benefits Coordinator to help me do that.
- I give permission for the release of my medical history and health care records and those of my family members who will be enrolled to any person(s) in the HMO and its providers who shall provide or coordinate health care to me and my family as long as I am a member of the HMO.