{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

(Is/Was) {your/{POLICYHOLDER}’s} {NAME OF INSURER BEING LOOPED ON} an HMO {as of {END DATE}}? {When answering this question, do not consider {your/his/her} insurance through Medicare.}

[With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.]

YES .................................... 1 {BOX_01}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF HMO.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5.

DISPLAY ‘as of {END DATE}’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘When answering this question, do not consider {your/his/her} insurance through Medicare.’ IF POLICYHOLDER BEING ASKED ABOUT IS ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL DISPLAY.