

Managed Care (MC) Section

BOX\_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |  
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |  
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY. |  
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MC01

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{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.

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| 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. |  
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MC02  
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OMITTED.

MC03  
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OMITTED.

MC04  
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OMITTED.

MC05  
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OMITTED.

BOX\_01  
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| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |  
| OE. |  
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