

# ACKNOWLEDGMENT FORM

The undersigned acknowledges that he/she has received and understands the following from Dean Health Plan, Inc. (DeanCare):

**1. DeanCare Gold Outline of Coverage**

This outline of coverage permits the applicant to compare the coverage and premiums of the DeanCare Gold Plan with other policies available to the Medicare eligible population. This outline describes coverage for out-of-area emergency and urgent care. This outline also describes the limitation on the choice of providers stating that benefits will only be paid by Dean Health Plan when coverage service are rendered or authorized by a participating provider (except in the case of a medical emergency, out-of-area urgent care, or pre-authorized referral). Dean Health Plan's Grievance and Appeals process and quality assurance program are summarized in the outline as well.

**2. Dean Health Plan Provider Directory**

The Dean Health Plan Provider Directory lists plan providers by specialties and includes plan provider addresses and telephone numbers.

**3. "Wisconsin Guide to Health Insurance for People with Medicare"**

A copy of this brochure published by the Wisconsin Office of the Commissioner of Insurance is enclosed for your information.

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Signature of Applicant

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Date

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