

### North Central Texas Hospital Based Providers

Consists of the following counties: Clay, Jack, Montague, Wichita, Wilbarger and Young.

HOSPITAL	CITY	ANESTHESIOLOGY	PATHOLOGY	RADIOLOGY	EMERGENCY ROOM PHYSICIAN/GROUP
BOWIE MEMORIAL HOSPITAL	BOWIE	BOWIE MEMORIAL HOSPITAL ANESTHESIA PINNACLE ANESTHESIA	AMERIPATH	RADIOLOGY ASSOCIATES OF NORTH TEXAS	<b>NOT CURRENTLY IN NETWORK</b>
CLAY COUNTY MEMORIAL HOSPITAL	HENRIETTA	CLINICAL PARTNERS, PA	<b>NOT CURRENTLY IN NETWORK</b>	RICHARD A. REDD, MD	<b>NOT CURRENTLY IN NETWORK</b>
ELECTRA MEMORIAL HOSPITAL	ELECTRA	EID B. MUSTAFA, MD	PATHOLOGY ASSOCIATES OF WICHITA FALLS	RADIOLOGY ASSOCIATES OF WICHITA FALLS	<b>NOT CURRENTLY IN NETWORK</b>
FAITH COMMUNITY HOSPITAL	JACKSBORO	<b>***SERVICE NOT AVAILABLE***</b>	SUSAN STRATE, MD	RADIOLOGY ASSOCIATES OF NORTH TEXAS	<b>NOT CURRENTLY IN NETWORK</b>
GRAHAM REGIONAL MEDICAL CENTER	GRAHAM	CHAD B. STEPHENS, MD	<b>NOT CURRENTLY IN NETWORK</b>	TEXAS RADIOLOGY ASSOCIATES	<b>NOT CURRENTLY IN NETWORK</b>
HAMILTON HOSPITAL	OLNEY	<b>***SERVICE NOT AVAILABLE***</b>	<b>NOT CURRENTLY IN NETWORK</b>	RICHARD A. REDD, MD	<b>NOT CURRENTLY IN NETWORK</b>
KELL WEST REGIONAL HOSPITAL	WICHITA FALLS	VICTOR SAIED, MD CLINICAL PARTNERS	NORTH TEXAS MEDICAL LABORATORY	RADIOLOGY ASSOCIATES OF WICHITA FALLS	<b>NOT CURRENTLY IN NETWORK</b>
NOCONA GENERAL HOSPITAL	NOCONA	<b>NOT CURRENTLY IN NETWORK</b>	<b>NOT CURRENTLY IN NETWORK</b>	COMMUNITY RADIOLOGY ASSOCIATES, INC.	<b>NOT CURRENTLY IN NETWORK</b>
UNITED REGIONAL HEALTH CARE SYSTEM	WICHITA FALLS	FALLS TOWN ANESTHESIA ASSOCIATES (EFF 12/15/14)	DAVID A. FLACK, MD	RADIOLOGY ASSOCIATES OF WICHITA FALLS	<b>NOT CURRENTLY IN NETWORK</b>
WILBARGER GENERAL HOSPITAL	VERNON	<b>NOT CURRENTLY IN NETWORK</b>	AMERIPATH	LUBBOCK DIAGNOSTIC RADIOLOGY	<b>NOT CURRENTLY IN NETWORK</b>

## Important Information

**Please note:** Inclusion of a group name on this provider list is not a guarantee that all Facility Based Physicians participate in the UnitedHealthcare network.

Even if a hospital, ambulatory surgery center or other **facility** contracts with UnitedHealthcare and belongs to the UnitedHealthcare **network**, the facility may employ physicians and other health care professionals who do *not* participate in the UnitedHealthcare network.

When you get medical care from non-network **facility-based physicians** — anesthesiologists, emergency room physicians, radiologists and pathologists — the amount you pay (your **out-of-pocket expenses**) may be higher. You may be responsible for payment of all or part of the fees for those professional services that are not paid or covered by the HealthSelect plan.

To assist you in minimizing your out-of-pocket expenses and maximizing your benefits, the list of providers above indicates whether the facilities you are considering have network or non-network facility-based physicians and non-physician providers on their staff in particular specialties (i.e., anesthesiology, pathology, radiology and ER).

### Some things you should keep in mind:

- The information provided in this provider list is subject to change and is for informational purposes only.
- Some facilities have more than one group of facility-based physicians and non-physician providers providing these services and, therefore, not all physicians within a particular specialty may participate in the UnitedHealthcare network.
- This provider list is not a guarantee that the physician providing services to you is in-network with UnitedHealthcare. You should always confirm the participation status of the particular physician or non-physician provider before receiving services. To check the status, visit **www.healthselectoftexas.com** or call Customer Care toll-free at **(866) 336-9371 (TTY 711)**.
- This provider list does not indicate whether services provided to you are covered services. Refer to your Master Benefit Plan Document (MBPD) to determine whether the services are covered under the HealthSelect plan. You can view MBPD at **www.healthselectoftexas.com**.

Physicians and other professionals who practice exclusively within a facility, such as a hospital or surgical center, and see you only as a result of your seeking care at the facility, are credentialed by the facility in which they practice. Only those individual physicians listed in our provider directory are separately credentialed by UnitedHealthcare.



UnitedHealthcare Services, Inc., on behalf of itself and its affiliated companies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

If you believe that the Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing by mail or email. A grievance must be sent within 60 calendar days of the date that you become aware of the discriminatory action and contain the name and address of the person filing it along with the problem and the requested remedy.

A written decision will be sent to you within 30 calendar days. If you disagree with the decision, you may file an appeal within 15 calendar days of receiving the decision.

Civil Rights Coordinator  
P.O. Box 30608  
Salt Lake City, UT 84130  
[UHC\\_Civil\\_Rights@UHC.com](mailto:UHC_Civil_Rights@UHC.com)

If you need help filing a grievance, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

You can also file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone or mail:

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-868-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

You have the right to get help and information in your language at no cost. To request an interpreter, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

This letter is also available in other formats like large print. To request the document in another format, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

1	Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 866-336-9371 TTY 711
2	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 866-336-9371 TTY 711
3	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 866-336-9371。聽力語言殘障服務專線 711
4	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 866-336-9371 번을 누르십시오. TTY 711
5	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخطتك الصحية، واضغط على 866-336-9371. الهاتف النصي (TTY) 711
6	Urdu	آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی ترجمان سے بات کرنے کے لئے، ٹول فری ممبر فون نمبر پر کال کریں جو آپ کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 866-336-9371 دبائیں۔ TTY 711
7	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 866-336-9371 TTY 711
8	French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 866-336-9371 ATS 711.
9	Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुभाषिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फ़ोन करें, 866-336-9371 दबाएं। TTY 711

10	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 866-336-9371 را فشار دهید. TTY 711
11	German	Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 866-336-9371 TTY 711
12	Gujarati	તમને વિના મૂલ્યે મદદ અને તમારી ભાષામાં માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા માટે વિનંતી કરવા, તમારા હેલ્થ પ્લાન ID કાર્ડ પરની સૂચીમાં આપેલ ટોલ-ફ્રી મેમ્બર ફોન નંબર ઉપર કોલ કરો, 866-336-9371 દબાવો. TTY 711
13	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 866-336-9371 Линия TTY 711
14	Japanese	ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、866-336-9371を押してください。TTY専用番号は711です。
15	Laotian	ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍຮ້ອງນາຍພາສາ, ໂທຟຣີຫາຫມາຍເລກໂທລະສັບສໍາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 866-336-9371 TTY 711