



**URGENT SPECIALTY CARE-PATIENT COMMITMENT**

Project Access-New Haven (PA-NH) is committed to serving the needs of its patients. However, because all care is donated, we cannot guarantee access to all specialists and/or ancillary services that are needed.

**AS A PA-NH PATIENT YOU ACCEPT THE FOLLOWING RESPONSIBILITIES:**

**APPOINTMENTS - (SPECIALIST) DOCTOR AND/OR ANCILLARY SERVICES**

- ❖ WILL keep all appointments scheduled through PA-NH, including specialist/doctor's and ancillary appointments.
- ❖ If you are not able to attend an appointment, you must call PA-NH at least 24 hours before the scheduled appointment time. If you reschedule, cancel, or miss ("NO SHOW") TWO appointments within 12 months, you will be discharged from PA-NH and you will no longer be able to get free medical care through PA-NH.
- ❖ NOTE: You are responsible for any charges incurred for missed appointments.
- ❖ WILL follow your health care providers' recommendations and treatment plans (for example: filling prescriptions and taking medication as directed, using medical equipment, diet, exercise). If you cannot afford your medications, please contact PA-NH to discuss other resources.
- ❖ WILL obtain a referral from your doctor in order to use other PA-NH services (for example: x-rays, blood tests, care for conditions that are not related to your current referral). NOTE: Specialist and ancillary services that are related to an approved PA-NH referral are covered. Primary Care services are your responsibility.
- ❖ WILL notify PA-NH BEFORE going to any appointment or test that is scheduled/recommended by a health care provider to confirm if it will be covered by PA-NH (appointments scheduled by PA-NH are covered).
- ❖ WILL present your PA-NH ID card each time you go to an appointment scheduled by PA-NH
- ❖ WILL be asked to renew eligibility every (6) months pending providers' clinical recommendations.

**COMMUNICATION – PATIENT NAVIGATOR AND DOCTOR**

- ❖ Direct communication is required to confirm appointments. If we are unable to confirm your appointment within 24 hours before the appointment time, the appointment will be cancelled.
- ❖ WILL promptly provide any information requested by PA-NH staff.
- ❖ WILL contact PA-NH immediately with any changes in your address, phone number, income, or health insurance.
- ❖ WILL contact PA-NH when you have visited the Emergency Department.
- ❖ WILL participate in our initial and follow-up surveys.
- ❖ You or a family member may be asked to help PA-NH by sharing your story. This is not required, but is very helpful to our organization.

**HEALTH INSURANCE (STATE OR PRIVATE)**

- ❖ WILL immediately contact PA-NH if your household income changes or if you become covered by Medicare, Medicaid, private health insurance, or any type of health insurance or medical benefits.
- ❖ If you might be eligible for Medicaid, you will be required to apply for Medicaid benefits.
- ❖ WILL be required to provide a Medicare and/or Medicaid denial letter, if applicable.

Project Access is committed to advocating for your needs; however the services we offer are volunteered through area physicians and other healthcare providers and there may be a wait until you get an appointment. In addition, we may not be able to provide the full spectrum of services in each area, because they are not donated.

I understand and agree to the PA-NH guidelines listed above and agree to follow them; I have received my PA-NH ID card.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_