

Eligibility:

You may be eligible for Anchorage Project Access, if you can say yes to the following two questions and have no other insurance including Native Health Services, Medicaid [i.e. Denali KidCare, Chronic and Acute Medical Assistance (CAMA), or Adult Public Assistance (APA)], Medicare (i.e. Social Security, SSD or SSI), Government Benefits (i.e. Tri Care, or Veterans benefits).

Are you a Municipality of Anchorage resident?

Is your gross family annual household income below 200% of the Federal Poverty level? For example a single person can earn up to \$25,540, a family of 2 - \$34,240 and a family of 4 - \$51,640 a year.

If you think you are eligible, please call Anchorage Project Access at (907) 339-8746 to talk with a Patient Care Coordinator.

We work very closely with Anchorage Neighborhood Health Center, Alaska Family Medicine Residency and many of the private physicians in the community. Any of these physicians can refer you to Anchorage Project Access. If you are referred to us, we will contact you. Once you are contacted you will be asked to complete an application and to provide documentation on your household income and your physical address. If you meet all the qualifications you will be enrolled in Anchorage Project Access for your medical need.

Enrollment:

Once you have met eligibility qualifications, you will be enrolled in Anchorage Project Access.

Primary care for six months or Specialty care for three months

Assigned to an Anchorage Project Access Patient Care Coordinator who will coordinate your health care with the appropriate provider

Enrollment may be extended if your medical treatment plan under your Anchorage Project Access physician has not been completed and you still meet income and residency requirements

Patient Responsibilities

No one is being paid for the free healthcare you receive. Doctors, health care providers and many others are volunteering their services to help you get and stay well. This is NOT insurance or a government entitlement program. We CANNOT guarantee that you will not be billed for services. Though it is not our intention, our help may end at any time for any reason. Your responsibilities, the assistance available and other conditions may change at any time. By signing this form or by using your Anchorage Project Access card in any capacity you agree to comply with the responsibilities below and you authorize Anchorage Project Access to verify your information with state and other agencies. Patients should understand that we can only offer services as they are volunteered. We cannot guarantee specific services or the length of specific wait times before a patient is able to see a physician or other health care provider.

NOTE: Hospital services, emergency room visits, ambulance services, dental, durable medical equipment, mental health or vision hardware costs are not provided by this program. Only services from referred physicians/health care providers are provided by this program.

Patients who anticipate legal action regarding this injury or illness are not eligible for help through Anchorage Project Access.

Anchorage Project Access Accepts The Following Responsibilities:

- Assisting you in finding a physician or other health care provider
- Assisting you in getting low cost medications
- Listening and understanding the needs of our volunteer physicians and providers
- Listening and understanding patient needs and concerns
- Facilitating, when necessary, between the patient and the physician or provider
- Arranging and documenting a patient's primary care "home"
- Arranging and documenting a patient's specialty consultation
- Arranging, documenting, and reminding patients about their initial visits with primary care and specialty providers.

As an Anchorage Project Access Patient You Accept The Following Responsibilities:

General

You agree that you:

- Will not schedule appointments with any doctor, clinic or hospital other than follow-up appointments with the ones to which you have been referred by Anchorage Project Access.
- Will follow your treatment plan, for example: get prescribed medicines and take as directed. If you cannot afford your prescription call us.
- Will promptly supply any information requested by the program staff.
- Will allow all information regarding your participation in this program to be shared with other individuals, organizations and agencies solely at the discretion of Anchorage Project Access.
- Will immediately contact Anchorage Project Access if your income changes or if you become covered by Medicare, Medicaid, private health insurance or any other medical benefits.
- Will apply for Medicaid or other assistance programs if eligible.
- Will contact Anchorage Project Access immediately with any changes in your address or phone number.
- Will return Anchorage Project Access calls and other communications promptly (within 24 hours).
- Have read the eligibility guidelines, understand them, and agree to follow them.
- You or a family member will participate in at least 20 hours of community service (either for Anchorage Project Access or for another organization through our volunteer partners).
- Will participate in our initial and follow-up health surveys.

Referrals

You agree to:

- Keep each doctor's appointment. If you miss two (2) appointments without canceling at least 24 hours in advance (or whatever time your provider requires), you will be dropped from the program. If you need to cancel an initial provider visit please contact Anchorage Project Access Patient Care Coordinator who will reschedule the appointment for you.
- Present your Anchorage Project Access ID card each time you see a doctor or other health care provider.
- The goal of this program is to transition you away from Emergency care, so please use these facilities only in true medical emergencies. Emergency room costs are NOT provided by this program. Please report to the Anchorage Project Access Patient Care Coordinator when you have visited the emergency room for our tracking purposes. Part of our funding relies on tracking this properly and we appreciate your understanding and assistance in doing this.
- Be patient. You understand that the services we offer are those volunteered through area physicians and other healthcare providers and, given the need, there may be a substantial 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. For example, we do not offer mental health care services.

Medication Assistance

You understand that:

- There is a 12 month maximum coverage of \$500.

- Most types, but not all medications, are available through this program. Your physician may be contacted and asked to use medications covered by the program.
- A pharmacy may stop participating at any time, for any reason.
- A \$5 co-pay per prescription may be required by your pharmacy.
- You are to present your medication card each time you have a prescription filled.