



1805 Academy Drive, Suite 101 • Anchorage, Alaska 99507 • (907) 339-8746/8769 • Fax (907) 339-8710

Patient Referral Guidelines

If you currently have patients in your practice or patients who may present for care who you would like to refer for enrollment in Anchorage Project Access, please discuss these referral guidelines with them. Please complete and fax the Patient Enrollment Referral Form to Anchorage Project Access at (907) 339-8710.

Guidelines for enrollment:

1. Patient must reside in the Municipality of Anchorage.
2. Patient is not covered by any other health insurance.
3. Patient is not currently receiving Medicare, Medicaid, or any other state or federal medical benefits.
4. Patient is referred to Anchorage Project Access by one of the community clinics or a private physician.
5. Patient is required to provide proof of income and proof of residency in the Municipality of Anchorage.

Monthly gross family income does not exceed 200% of the federal poverty level under the following limits:

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|-----------------------------|-----------------------------|
| ▪ Family of 1 = \$ 2,166.66 | ▪ Family of 5 = \$5,166.66 |
| ▪ Family of 2 = \$ 2,916.66 | ▪ Family of 6 = \$ 5,916.66 |
| ▪ Family of 3 = \$ 3,666.66 | ▪ Family of 7 = \$ 6,666.66 |
| ▪ Family of 4 = \$ 4,416.66 | ▪ Family of 8 = \$ 7,416.66 |

Patient Benefits:

1. Professional services for specialty care
2. Hospital inpatient and outpatient services
3. Diagnostic and ancillary services

Thank you for your willingness to help Anchorage Project Access serve our low-income uninsured neighbors in the Municipality of Anchorage. Please call us at 339-8746 if you have any questions.

Charlene Spadafore Vassar
Executive Director