

VOLUNTARY CARE NETWORK DOCTOR PLEDGE FORM

The Voluntary Care Network will help provide medical care to uninsured Columbus residents with incomes up to 200% of the federal poverty level who are not eligible for public insurance. The program was launched in December 2003. Please fill out this form so that we can be efficient in our communication and feedback process. Thank you!

A PLEDGE

- Is defined as the number of eligible community residents referred by Access HealthColumbus (AHC) for which a doctor (or group of doctors) volunteers to provide care – regardless of the number of encounters required to satisfy that doctor's quality of care standards.
- Also includes volunteering the cost of staff time, medical supplies, and other services offered in the doctor's practice location.
- Pledges are allocated quarterly to manage the number of referrals sent to any one practice in a three month period.

You may pledge any number of patients you choose – Suggested number of pledges used in other communities:

12 pledges per doctor for primary care = 1 per month

24 pledges per doctor for specialists = 2 per month

Doctors participating in the Voluntary Care Network will receive the following support services when providing care to patients enrolled in the Access HealthColumbus program:

- Free medical interpreters (no charge for patients enrolled in program)
- Prescription drugs (nominal co-pay for patients enrolled in program)
- Free transportation services (no charge for patients enrolled in program)
- For those doctors that pledge services, you can also enroll a matching number of eligible patients. This provides doctors with the ability to enroll a matching number of current patients who meet the program's eligibility requirements.

OVER

GROUP NAME: _____ (please print)

DOCTOR NAME(S): _____

Please provide Access HealthColumbus with your preferred mode of communication:

FAX Number __ (____) _____

EMAIL _____ @ _____

YES! I would like to pledge for:

myself OR my group (please check one)

I/we pledge to accept _____ (enter number) Access HealthColumbus eligible residents.

(Please enter the number of patients you or your group are willing to accept the first year)

Your pledge defines the matching number of patients in your current practice who are eligible for the program (subject to eligibility screening by Access HealthColumbus).

PRACTICE INFORMATION

Specialty: _____

Primary Practice street address/city/state/zip _____

Office Manager/Administrator's name _____

Office Manager/Administrator's phone number _____

HOSPITAL AFFILIATION/PREFERENCES

Please let us know your hospital affiliation/preference(s). This information will be used to manage the flow of referrals between doctors in the community. Access HealthColumbus will make every attempt to manage doctor referrals within your hospital preference(s).

Please select your hospital preference(s) from the list below:

- | | |
|------------------------------|----------------------------|
| _____ No Hospital Preference | _____ Riverside Methodist |
| _____ Columbus Children's | _____ Grant Medical Center |
| _____ Mount Carmel East | _____ Doctors Hospital |
| _____ Mount Carmel West | _____ OSU Medical Center |
| _____ Mount Carmel St. Ann's | _____ OSU Hospital East |

Please indicate if you are interested in participating on a leadership group – a team of doctors that provide input and feedback to Access HealthColumbus.

(please list doctor name(s) interested in participating on a leadership team)

Access HealthColumbus will be contacting your office manager/administrator to schedule a training session. Our goal is to provide an organized, efficient system of care for our members and the Voluntary Care Network doctors. We will provide you with monthly updates of Voluntary Care Network activities and progress.

Please contact Bruce Wall, M.D. if you have questions or comments (614-566-0044) or bwall@accesshealthcolumbus.org.

**Please return your completed pledge form via fax (614-884-2444)
or mail to: Access HealthColumbus, 61 Jefferson Ave., Columbus, OH 43215**