



ACADEMY OF MEDICINE OF CINCINNATI

## PROJECT ACCESS

### INVITATION TO PARTICIPATE

Dear Colleague,

The Academy of Medicine of Cincinnati would like to invite you to become a volunteer provider in an important health care delivery initiative called Academy of Medicine of Cincinnati Project Access.

**Academy of Medicine of Cincinnati Project Access will support your participation by providing patient screening** for income eligibility and medical necessity. To be accepted in the program, patients must be uninsured and not eligible for any government program. We work diligently to ensure that there is an equitable distribution of consultations among all participating physicians. We will ensure that your commitment to provide services to a predetermined number of Academy of Medicine of Cincinnati Project Access enrollees is not exceeded.

**Academy of Medicine of Cincinnati Project Access patients will receive instructions regarding their patient responsibilities**, and they will be informed that non-compliance will result in being terminated from the program. We will make appointment reminder calls to the patients prior to each visit and review with them any special instructions from your office.

**Academy of Medicine of Cincinnati Project Access physicians will agree to provide care free of charge to a limited number of patients each month.** In addition to your services, Academy of Medicine of Cincinnati Project Access patients receive all hospital, laboratory, x-ray and other diagnostic services, interpreters, medical supplies, and rehabilitation services free of charge at participating hospitals. Our Patient Care Navigator will reduce the time your staff would otherwise spend making arrangements for these services. Patients receive medications from a limited formulary through multiple sources, including the primary care home, charitable pharmacies, and prescription discount programs.

Please consider the benefits to your practice, your profession, your patients, and our community. Help your colleagues make this program as effective as possible. We recognize this is not the final solution to our nation's health care problems. However, we feel it does help physicians – who already see many “free” patients – better manage and coordinate the care of these patients.

Thanks for your consideration.

Sincerely,

Thomas Maynard, MD  
President  
Academy of Medicine of Cincinnati

Molly Katz, MD  
President  
Academy of Medicine of Cincinnati Project Access



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## PHYSICIAN PLEDGE FORM

<b>Practice Name:</b>			
<b>Physician Name:</b>			
<b>Specialty and Sub-specialties</b>			
<b>Practice Address:</b>			
<b>Office Manager/ Contact person:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>E-Mail:</b>		<b>Website:</b>	
<b>My Pledge:</b>	<p><input type="checkbox"/> Yes! I/We will do my/our part to make Academy of Medicine of Cincinnati Project Access a success. I/We agree to donate consultation and treatment services to Project Access enrollees, and to submit charges for reporting and tracking purposes only.</p> <p>Here is my/our participation pledge (e.g., two patients per month):</p> <p><input type="checkbox"/> I will accept _____ Project Access patients per month.</p> <p><input type="checkbox"/> My practice* will accept _____ Project Access patients per month/per physician.</p> <p>*Please attach a list of physicians with their primary specialty and sub-specialty and their practice location(s).</p>		
<b>Signature:</b>		<b>Date:</b>	

**Please fax completed form to 513-721-4378. Thank you!**