



Project Access Patient Responsibilities

Program Overview

No one is being paid for the health care you receive. The care provided to you is being given by Project Access Volunteers without expectation of payment or compensation and is given to and received by you in exchange for limitations on recovery of damages from the volunteer. Doctors, hospitals and many others are **volunteering** their services to help you get well and stay well. This is not insurance or a government entitlement program. Our help may end at any time, for any reason. **Emergency room expenses and ambulance services are not covered.** Your responsibilities, the assistance available and other conditions may change at any time. By signing this form you agree to follow the Patient Responsibilities listed below and authorize Project Access to verify the information you have provided. We reserve the right to require that you pay for any assistance you may receive based on inaccurate information that you provided.

General

You agree that you:

1. Will not schedule appointments with any doctor, clinic or hospital other than the ones you have been referred to by the Project Access office.
2. Will arrange for the presence of someone who can act as a translator (if needed) for you during your appointments.
3. Will follow your treatment plan, for example: get prescribed medicines and take as directed.
4. Will promptly supply any information, which may be requested by the program.
5. Will allow all information regarding your participation in this program to be shared with other individuals, organizations and agencies solely at the discretion of RCMS Project Access.
6. Will immediately contact your enrollment site or RCMS Project Access if your income changes or if you become covered by Medicare, Medicaid, private insurance, other health insurance or medical benefits.
7. Will apply for Medicaid or other assistance programs at our request.
8. Will contact RCMS Project Access immediately with any changes in your address or phone number.
9. Will contact RCMS Project Access immediately with any changes in your address or income.

Referrals

You agree to:

1. Keep each doctor's appointment. (If you miss appointments without letting the doctor's office know at least 24 hours before your appointment, you will be dropped from the program.)
2. Present your RCMS Project Access I.D. card each time you see a doctor or other health care provider.
3. Call the Project Access office if you need to be seen anywhere else for care.

Medications Assistance

You understand that:

1. There is a maximum coverage of \$750.
2. A prescription costing over \$250 will not be covered.
3. Most types, but not all medications are available through this program. Your physician may be contacted and asked to use medications, which are covered by the program.
4. A pharmacy may stop participating at any time, for any reason.
5. A \$5 Co-pay per prescription will be required by your pharmacy.
6. You are to present your medications card each time you have a prescription filled.

