

CATCH

Coordinated Access to Community Health

Patient Responsibilities

Coordinated Access To Community Health is a program administered by the Sangamon County Medical Society Foundation to improve healthcare access for low income, uninsured citizens of Sangamon County, in partnership with our physicians, hospitals, community clinics, the pharmaceutical industry and other healthcare providers. **General Patient Responsibilities – the patient must agree to:**

1. Have a family doctor or clinic. This is a requirement for CATCH. We will help you find a primary care physician.
2. Keep each doctor's appointment and be on time. If you miss appointments without letting the doctor's office know at least 24 hours before your appointment, you may be dropped from the program.
3. Make all reasonable attempts to avoid using the emergency rooms. If you are unsure whether or not something is an emergency call your doctor or clinic first. They have answering services after hours and will advise you on what to do. If you go to the emergency room for a non emergency you will be dropped from the program. If you have an obvious emergency such as chest pain or difficulty breathing, go to the E.R. You **MUST NOTIFY CATCH** by phone 726-5106 of any emergency room visits.
4. Follow your treatment plan. For example, get prescribed medications and take them as directed. You must agree not to allow anyone else to have or use your prescribed medications.
5. Give us permission to share your medical information with other health professionals in order to coordinate your care.
6. If you change your address or phone numbers, **PLEASE NOTIFY US IMMEDIATELY** by calling 726-5106. Also notify us if you become insured through your employer or join another public health program.
7. Do not misrepresent your insurance or financial status. If we find that you have given us false information, you will be dropped from the program and your medical providers will be notified.
8. If you are found to be a controlled substance drug seeker or abuser you will be dropped from the program immediately and your medical providers and area emergency rooms will be notified.
9. Apply for Medicaid or other assistance programs at our request.

Referrals to Specialists – If your primary care doctor thinks you need to see a specialist you must agree to:

1. Make sure the doctor's office **calls us FIRST** so that we can make the appointment with a volunteer specialist! Not all doctors, hospitals, or labs volunteer for us. That's why WE must make your first specialty appointments. You must insist that your primary care doctor or clinic call us first to **PRECERTIFY or YOU will be responsible for the bill.**
2. Present your CATCH ID card each time you:
 - See a specialist doctor, visit, or go to the emergency room.
 - Go for laboratory tests
 - Go for any other diagnostic testing or have outpatient or inpatient hospital care

Prescription Medication Assistance

1. You will be responsible to take your prescription to one of our participating social service agencies to get assistance with your scripts.
2. Many scripts will require you to use a \$4.00 program at Walmart, Meijer, Kmart, etc.
3. You will be required to provide the participating agencies with income documentation.
4. If free drugs will be sent to your physician's office, you will be required to pick them up when called.

By signing below, you confirm that you understand and agree to the above conditions:

Patient name: _____ Patient Signature: _____

Date of Birth: _____ Today's Date: _____

Witness Signature: _____ Witness Name: _____