

NEXUS MONTGOMERY

URGENT REFERRAL CHECKLIST - FOR HOSPITALS

Project Access: Specialty Care for the Uninsured

Complete this checklist (front and back) when referring uninsured patients for **urgent** specialty care through Project Access—a specialty care referral network for uninsured patients. For **non-urgent** referrals please refer the patient to a Montgomery Cares participating clinic in Montgomery or Prince George's County. If the information requested below is not provided, care may be delayed or the referral may be returned.

Patient Eligibility

To be eligible for this service the patient must:

- ☐ Be 18 years or older
- ☐ Be uninsured
(*Not enrolled in Medicare, Medicaid, or private insurance*)
- ☐ Have no plans to leave the area in the next 90 days
- ☐ Have a low household income
(*≤ 250% of the Federal Poverty Level*)
- ☐ Live in an eligible zip code
(*see reverse side*)

If the patient is eligible for Medicaid or Medicare, please refer him or her to the appropriate county health services:

Montgomery County Health Connection:
www.montgomerycountymd.gov/healthconnect/locations

Prince George's County Health Connection:
www.pgchealthconnect.org/gethelp

Patient Engagement

Before initiating the referral process, please confirm the patient:

- ☐ Understands his or her diagnosis and the need for specialty care follow-up
- ☐ Is willing to receive specialty care
- ☐ Has received the "Patient's Responsibilities" card and understands his or her responsibilities
- ☐ Speaks English, or is able to provide an adult interpreter at the appointment
- ☐ Understands that he or she will need to arrange transportation to the appointment
- ☐ Is willing and able to pay a co-pay of approximately \$15 for the specialty care appointment
(*some specialties may require higher co-pays*)

For questions about urgent referrals, contact Project Access:

Phone: 301-628-3426 | Fax: 301-608-9047 | Email: SpecialtyNurse@primarycarecoalition.org

If a patient has an urgent specialty need, but does not yet have a primary care provider, Project Access will authorize one initial specialty care appointment. Additional appointments will only be authorized after the patient establishes a primary care relationship at a participating clinic.

For **non-urgent** referrals the patient must receive primary care service at one of the Montgomery Cares clinic organizations in Montgomery County, Prince George's County, or Washington, DC. If the patient does not already have a primary care clinic, please direct them to the brochure **Nexus Montgomery: Health Care for the Uninsured** (www.PrimaryCareCoalition.org/ProjectAccess), which includes a list of clinic addresses and phone numbers.

For **non-urgent** referrals the patient must receive primary care service at one of the Montgomery Cares clinic organizations in Montgomery County, Prince George's County, or Washington, DC. If the patient does not already have a primary care clinic, please direct them to the brochure **Nexus Montgomery: Health Care for the Uninsured** (www.PrimaryCareCoalition.org/ProjectAccess), which includes a list of clinic addresses and phone numbers.

Patient Information

If the patient is uninsured, meets the eligibility requirements (*see reverse side*), and requires urgent specialty care, please complete both sides of this form and securely fax or email to Project Access at: **301-608-9047** or **SpecialtyNurse@primarycarecoalition.org**.

Name (Last, First, M.I.):		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Address:		Phone Numbers:	
<i>If address is unavailable is the patient homeless?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Name:		Phone number:	
Household income:	Household size:	Preferred language:	
<i>Is the patient's household income less than or equal to 250% of the FPL?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance: Was the patient referred to DECO for insurance eligibility or medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If "yes" enter DECO phone number at hospital:</i>			
Does the patient have a Montgomery Cares provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If "no" which clinic was the patient referred to?</i>			
Specialty needed:		Diagnosis:	
Briefly describe the current medical issue:			
What days of the week and time of day is the patient available?			
Please attach relevant labs, imaging and hospital consults.			
Contact information for referring hospital staff			
Name:		Hospital:	
Email:		Phone Number:	

Eligible Zip Codes

Prince George's County			Montgomery County					
20705	20737	20782	20812	20832	20855	20876	20886	20904
20706	20740	20783	20814	20850	20860	20877	20895	20905
20707	20770	20784	20815	20851	20866	20878	20896	20906
20708	20774	20785	20816	20852	20871	20879	20901	20910
			20817	20853	20872	20880	20902	20912
			20818	20854	20874	20882	20903	

Project Access is administered by the Primary Care Coalition and funded by Nexus Montgomery and the Montgomery County DHHS. Nexus Montgomery is a collaborative effort among the six hospitals operating in Montgomery County and a variety of community-based organizations including the PCC and Project Access.

