

## ***Patient Responsibilities***

Whatcom Project Access (WPA) is a community program where local medical and ancillary providers donate specialty care and supporting services. **No one is being paid for the health care you receive.** WPA is **not a government program or medical insurance**, but a **short-term option** that helps people get care while they wait to get enrolled in insurance. To qualify for WPA, we will look at your household's monthly income, assets and insurance options. WPA helps people who have no other way to pay for their care.

### **As a patient enrolled in Whatcom Project Access, I agree to:**

1. Provide complete information so that my eligibility for WPA can be decided. I understand that WPA participating providers reserve the right to require that patients pay for any help received based on false information provided by the patient.
2. Complete an application for any government insurance program that I may be eligible for. It is my responsibility to provide all requested documents in a timely manner. In most cases, WPA will not be able to schedule your first appointment until we have all the necessary documentation.
3. Notify WPA within two (2) days if my address, phone number, or insurance status changes. **I understand that if WPA is unable to contact me, I may be removed from the program.**
4. Have a primary care provider to help coordinate care and provide future follow-up care. Patients are responsible for paying for their own primary care.
5. Patients are enrolled in WPA for 3 months. Enrollment may be extended for another 3 month period if: Patient still requires specialty care, has established care with a PCP (ARNP, PA-C, or MD) and is complying with all other patient responsibilities. After 6 months of enrollment patients will be asked to do a financial rescreening.
6. Notify WPA of any upcoming appointments. I understand that if I do not notify WPA about an appointment, procedure or surgery, I may be responsible for paying for the services.
7. Go to scheduled doctors' appointments. If I am unable to keep an appointment, I will call the doctor's office 24 hours ahead of time. I understand that **missing appointments may mean being dropped from the program.**
8. Show my WPA ID card for all services that have been arranged by WPA- **This card is for identification ONLY it is not an insurance card.**
9. Work with the doctor to establish a plan of treatment that we both agree to. Contact my Primary Care Provider or Specialist if I have any questions or concerns about my medical care. I understand that Project Access does not provide medical care and cannot offer medical advice.

### **Please note:**

- WPA can only help you get services that have been donated. Patients are financially responsible for any services they receive for which a donation is not available.
- Patients are financially responsible for services received at St. Joseph Hospital and/or PeaceHealth Medical Group- those services may be discounted through Bridge Assistance.
- Ambulance services are not included in the program.
- Patients who expect legal action regarding their injury or illness, for example motor vehicle accidents and on the job injuries, are not eligible for WPA services.
- WPA can only assist patients with care that a medical provider has deemed medically necessary

**I understand and agree to the above responsibilities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_