

# **DOCS**

Doctors Offering Community Service

## **Patient Agreement**

The Doctors Offering Community Service (DOCS) is a volunteer physician network. DOCS provides medical specialist care. DOCS is a partnership between the Coalition of Community Health Clinics and the Medical Society of Metropolitan Portland.

## **To qualify for DOCS;**

1. You (or your family) income must be at 200% (or less) of Federal Poverty Guidelines
2. You must have no access to medical insurance
3. You must be referred by one of the Coalition of Community Health Clinics

## **Our responsibility to you:**

1. Free or reduced fee specialist physician office visits as available (this does not include labs tests, special procedures such as MRI, surgery, hospitalization).

## **Your responsibility to us:**

1. Confirm Appointments: You must contact Mercy & Wisdom Healing Center clinic at 503-227-1222 to confirm or cancel your appointment 3 days prior to the scheduled appointment date. If you do not confirm your appointment, it will be cancelled.
2. You must bring your referral form to the appointment.
3. Keep Scheduled Appointments: Be sure to arrive fifteen minutes before your scheduled time for paperwork. You must be on time.
4. Missed Appointments: If you confirm but then miss your appointment, you will be prevented from using the program for 6 months. Please be conscientious about this.

Missed appointments weaken the program's ability to recruit and retain volunteer doctors.

5. Inform the Clinic of All Changes in Status: Contact your referring coalition clinic with any changes in income, employment, address, telephone number, eligibility for Medicare, Oregon Health Plan, private insurance, etc.

6. Please thank your Volunteer Specialty Providers: DOCS is made possible by the volunteer effort of physicians, hospitals, and other health care professionals. Their only reward is helping. You can help too, by letting the doctors know how much you appreciate their care and time. Please take the time to thank them during the appointment. This encourages them to spread the word and recruit more doctors to join DOCS and provide even more specialty care to us.

I understand that DOCS does not provide insurance coverage and as a volunteer program, may be unable to meet all my health care needs.

As a client of DOCS, I agree to and will be responsible for this contract. I certify that the information provided to the below named Coalition Clinic staff/volunteers to determine eligibility for the program for myself and family is true and correct.

Patient Name \_\_\_\_\_

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

Client / Guardian / Family Representative

Coalition Clinic \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_