



Orange Flag Building, 104 S Freya, Suite 114 • Spokane WA 99202 • (509) 532-8877 • Fax (509) 532-1375

Project Access Patient Referral Guidelines

If you currently have patients in your practice or patients who may present for care who you would like to refer for enrollment in *Project Access*, please discuss these referral guidelines with them. Please complete and fax the *Project Access* referral form to Spokane County Medical Society *Project Access* at (509) 532-1375.

Guidelines for enrollment:

1. Patient must reside in Spokane County.
2. Patient is not covered by any other health insurance.
3. Patient is not currently receiving Medicare, Medicaid, or any other state or federal medical benefits.
4. Patient must be referred to *Project Access* by one of the community clinics or a private physician.
5. Patient is required to provide proof of income and proof of residency in Spokane County.
6. Annual gross family income does not exceed 200% of the Federal Poverty Level under the following limits:
 - Family of 1 = \$ 21,660.00
 - Family of 2 = \$ 29,140.00
 - Family of 3 = \$ 36,620.00
 - Family of 4 = \$ 44,100.00
 - Family of 5 = \$ 51,580.00
 - Family of 6 = \$ 59,060.00
 - Family of 7 = \$ 66,540.00

Patient Benefits may include:

1. Professional services for specialty care
2. Hospital inpatient and outpatient services
3. Diagnostic and ancillary services
4. Pharmaceuticals
5. Durable medical equipment

Thank you for your willingness to help Project Access serve our low-income uninsured neighbors in Spokane County. Please call us if you have any questions.