



## *Your Guide*

### **Suburban Primary Health Care Council**

2225 Enterprise Drive  
Suite 2507  
Westchester, Illinois 60154  
(708) 531-0680  
[www.accesstocare.org](http://www.accesstocare.org)

## ACCESS TO CARE SERVICES MADE AVAILABLE THROUGH THE PROGRAM

Doctors in pediatrics, family practice, and internal medicine participate in the program. Services provided by doctors under the program are limited to a specific set of routine basic health care services which exclude some procedures normally provided by primary care physicians.

### **SERVICES INCLUDED;**

Visits to your *Access to Care* doctor.  
**Most** lab tests ordered by your *Access to Care* doctor.  
**Most** X-rays ordered by your *Access to Care* doctor.  
**Most** prescription drugs prescribed by your *Access to Care* doctor.

### **SERVICES COVERED ONLY BY PRIOR APPROVAL:**

Prior approval for Mammograms is only necessary if the patient is under 40.

If the patient is over 40 a doctor's order is all that is required.

You must have **Prior Approval** from Access to care in addition to the physician order form signed by your physician. Call (708) 531-0680 to arrange this before you have this test done.

### **SERVICES NOT INCLUDED:**

Physicals/ The completion of disability, Workman's Compensation, employment or school forms  
Family Planning/Birth Control  
Immunizations  
Cat Scans/MRI tests  
Ultrasounds and IVP's  
Hospital Care  
Emergency Room Care  
Prenatal Care  
Well Baby/Child Care  
Care provided by an obstetrician or gynecologist  
Care provided by non-primary care Physician specialist  
Over-the-counter drugs (except insulin & diabetic testing supplies)  
Sexually transmitted disease diagnosis and treatment.

**Services , lab tests, x-rays and/or prescriptions ordered by any doctor other than your *Access to Care* doctor are not covered.**

**IF YOU HAVE ANY QUESTIONS ABOUT WHETHER A PROCEDURE IS COVERED BY ACCESS TO CARE, CALL THE ACCESS TO CARE OFFICE AT (708) 531-0680 BEFORE YOU HAVE THE PROCEDURE DONE. NON-COVERED SERVICES WILL NOT BE PAID FOR BY THE PROGRAM REGARDLESS OF WHETHER YOUR ACCESS TO CARE PHYSICIAN PERFORMS OR ORDERS IT. IF YOU HAVE A NON-COVERED PROCEDURE YOU WILL BE RESPONSIBLE FOR PAYMENT.**

### **ENROLLMENT PERIOD**

Enrollment will automatically expire on the expiration date shown on your card unless you have re-enrolled by that time. You will not receive any notice before your eligibility expires. You should apply for re-enrollment and pay the annual enrollment fee one month before the expiration date. A re-evaluation of eligibility will occur at each re-enrollment. Because the cost of the program may be higher than expected, program services are not guaranteed and may end at any time even during your enrollment period.

### **FEEES**

Doctors will charge you **\$5.00** for each office visit. Walgreens will charge you **\$10** per prescription for generic drugs, **\$20** per prescription for preferred brand drugs and **\$30** for non-preferred brand drugs. There will be a **\$5** charge for each lab and/or x-ray procedure. You should be prepared to pay these fees at the time of receiving services. Annual enrollment fees are: **\$20** for one family member, **\$40** for two family members or, **\$50** for families of three or more.

### **IDENTIFICATION CARDS**

Keep your (and your children's) ***Access to Care Identification Card*** (I.D.) with you at all times since you must show this I.D. to receive program services and prescriptions. Only you may use your I.D. card to receive medical services and medication. ***If a replacement card is necessary, there will be a \$5.00 charge per card.***

### **DOCTORS SERVICES**

Only certain doctors are participating in the ***Access to Care*** program. Each enrollee will have a designated doctor or physician site.

1. Under certain circumstances, you may be transferred to another doctor. If you or your doctor request your transfer to another doctor, it may take up to 60 days to provide you with a new doctor.

**DOCTOR SERVICES (CONT.)**

2. Your doctor may not be available at all times and may refer you to another participating doctor. This is the only time we will pay for services, lab tests, x-rays or prescriptions provided or ordered by a doctor who is **not** your **Access to Care** doctor. However, this other doctor must be a participating **Access to Care** doctor. **Before** going to any other doctor it is **your responsibility** to call the **Access to Care** office at (708) 531-0680 to find out whether he/she is an **Access to Care** physician.

3. Physician services provided or tests or prescription medication ordered at either the Oak Forest Hospital Specialty Clinics or Fantus Clinics-Cook County Hospital are not covered by the Access to Care program. These services are offered on a sliding scale fee based on your income and **you** are responsible for payment.

4. Referrals made for specialty care by your **Access to Care** physician are done as a courtesy and are not part of the **Access to Care** program. This includes discussion between your **Access to Care** doctor and any specialist regarding your care or prescription needs, as well as the completion of any application for disability etc.

**If you do not speak English, you must bring an adult with you who can translate when you go to the doctor's office.**

**PHARMACY SERVICES**

Most prescription drugs are covered under **Access to Care**. Drugs prescribed by your **Access to Care** doctor can only be filled at Walgreens. You must show your **Access to Care I.D. card** and pay pharmacies \$10 per prescription for generic drugs, \$20 per prescription for formulary brand drugs and \$30 for non-formulary drugs. You will be given generic medicine unless your **Access to Care** doctor makes a special request for a brand name drug. **Note:** if you request a brand name drug without a special notation from your physician, **you will be responsible** for the **full cost** of the medication. Prescriptions are limited to 30-day doses without exception. Over-the-counter drugs (except insulin and diabetic testing supplies) are **not covered** by the program. Prescriptions from doctors other than your **Access to Care** doctor (except as indicated above) will **not** be covered and you will have to pay the full price of these drugs.

**LAB AND X-RAY SERVICES**

A specific set of basic lab and x-ray procedures are available through the program when ordered by your **Access to Care** doctor. You may have to go to a location other than your doctor's office for these procedures. When you call for an appointment or go for lab or x-ray services, you should identify yourself as an **Access to Care** patient. You must have your **Access to Care I.D. card**, the order from your doctor and pay \$5 for each procedure. Some labs may bill you for the \$5.

**Lab and x-ray services are only available at the following places: If you receive services at any other facility you will be responsible for the entire cost of these services.**

**X-RAY SERVICES**

**NORTH**

**Alexian Brothers Medical Center**  
Elk Grove Village, 847-437-5500, ext. 4538

**St. Alexius Medical Center**  
Hoffman Estates, 847-843-2000

**Northwest Community Treatment Centers**  
15 S. McHenry Road  
Buffalo Grove, 847-459-6100

455 S. Roselle Road  
Schaumburg, 847-985-0600

**Evanston Hospital**  
Evanston, 888-364-6400

**Glenbrook Hospital**  
Glenview, 847-657-5860

**Nesset Health Center**  
*ONLY IF YOUR DOCTOR IS AT NESSET*

**SOUTH**

**Chicago Ridge Radiology**  
Chicago Ridge, 708-423-1819

**Christ Hospital**  
Oak Lawn, 708-425-8000

**Little Company of Mary Hospital**  
Evergreen Park, 708-422-6200

**Little Company of Mary Care Stations**  
Oak Lawn, 708-499-2273  
Burbank, 708- 424-2273

**Palos Community Hospital**  
Palos Heights, 708-923-4000

**Palos Primary Care Center**  
Orland Park, 708-923-4700

**South Suburban Hospital**  
Hazel Crest, 708-799-8000, ext.3270

**St. James Hospital**  
Chicago Heights, 708-756-1000

**WEST**

**Gottlieb Memorial Hospital**  
Melrose Park, 708-450-4917

**West Suburban Hospital**  
Oak Park, 708-383-6200

**Westlake Hospital**  
Melrose Park, 708-681-3000

**LaGrange Memorial Hospital**  
LaGrange, 708- 352-1200  
*ONLY IF YOUR DOCTOR IS ON STAFF AT LAGRANGE  
MEMORIAL HOSPITAL*

**CHICAGO**

**Resurrection Health Care**  
Chicago, 773-774-8000

## LAB SERVICES

### NORTH

#### Medstar

Call and identify yourself as an  
**Access to Care** member, 708-488-1000  
*Chicago*  
*Elgin*  
*Northbrook*

#### Quest Diagnostics

##### PATIENT SERVICE CENTERS

1614 W. Central Rd. Suite 209 Arlington Heights 847-342-0344	471 W. Army Trail Suite 101 Bloomington 630-351-1955
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2500 Ridge Ave. Evanston	3633 E. Lake Ave. Glenview
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2500 W. Higgins Rd. Suite 805 Hoffman Estates 847-781-0691	1600 Dempster Suite 103 Hoffman Estates 847-795-8116
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64 Old Orchard Suite 707 Skokie 847-674-4615	725 Elm St. Winnetka 847-446-4588
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#### ACL Laboratories

##### PATIENT SERVICE CENTERS

Briarwood Office Center  
1449 Merchant Dr.  
Algonquin  
847-854-3991

2010 S. Arlington Hts. Rd.  
Suite 235  
Arlington Hts  
847-593-1579

9301 Golf Rd.  
Suite 200  
Des Plaines  
847-298-2051

Prairie Glen Medical Complex  
601 Compass Rd.  
Suite 140  
Glenview  
847-832-1363

#### LabCorp

##### PATIENT SERVICE CENTERS

1100 W. Central  
Suite L1  
Arlington Hts  
847-368-1336

### SOUTH

#### Medstar

Call and identify yourself as an  
**Access to Care** member, 708-488-1000  
*Calumet City*  
*Evergreen Park, 708-499-1510*  
*Harvey*  
*Homewood*  
*Markham*

#### Doctor's General Laboratory

Hickory Hills  
708-599-5666

#### Evergreen-Sheridan Laboratories, Ltd.

Evergreen Park  
708-423-2660 or 708-445-2727

#### Quest Diagnostics

##### PATIENT SERVICE CENTERS

1581 Huntington Dr.  
Calumet City  
708-862-3930

19150 Kedzie Ave  
Flossmoor  
708-647-8507

15900 Carol Ave.  
Harvey  
708-339-4815

4340 W. 95th St.  
Oak Lawn  
708-958-0294

14475 Humphrey Dr.  
Suite 100  
Orland Park  
708-873-1897

7800 W. College Dr.  
Palos Heights  
708-361-9494

## LAB SERVICES

### SOUTH CONTINUED

#### **ACL Laboratories** PATIENT SERVICE CENTERS

South Suburban Hospital  
Pavilion Office Building  
17850 S. Kedzie  
Hazel Crest  
708-647-8745

10522 S. Cicero  
1st Floor  
Oak Lawn  
708-229-0284

Christ Hospital  
Pavilion Office Building  
4400 W. 95th St.  
Suite 401  
Oak Lawn  
708-423-0431

14434 S. Humphrey Dr.  
Orland Park  
708-873-1504

High Tech Medical Park  
11800 Southwest Hwy  
Palos Heights  
708-923-3255

16105 S. LaSalle St.  
South Holland  
708-333-6813

17517 80th Ave.  
Suite D  
Tinley Park  
708-429-5113

### WEST

#### **Medstar**

Call and identify yourself as an  
*Access to Care* member,  
708-488-1000  
*Oak Park*  
*River Forest*

#### **Quest Diagnostics**

##### PATIENT SERVICE CENTERS

7272 W. Cermak Rd.  
Berwyn  
708-447-6130

303 E. Army Trail Rd.  
Suite 102  
Bloomington  
630-351-1955

530 S. Maple  
Oak Park  
708-660-4444

6064 S. Archer  
Chicago  
773-884-4156

#### **West Suburban Hospital**

3 Erie Court (Erie at Austin)  
Oak Park  
708-763-6635

#### **LabCorp**

##### PATIENT SERVICE CENTERS

321 W. Lake St.  
Suite C  
Elmhurst  
630-993-1500

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## CHICAGO

#### **LabCorp**

##### PATIENT SERVICE CENTERS

6191 N. Canfield Ave.  
773-594-9826

7407 W. Irving Park Rd.  
773-589-9113

1915 N. Harlem  
773-237-4805

#### **ACL Laboratories**

##### PATIENT SERVICE CENTERS

Six Corners Medical Center  
4211 N. Cicero, Suite 101  
Chicago  
773-283-2679

#### **Quest Diagnostics**

##### PATIENT SERVICE CENTERS

4126 N. Milwaukee Ave.  
773-736-3814

4747 W. Peterson  
773-777-0154

## RESPONSIBILITIES OF MEMBERS:

1. **You are responsible** for making appointments with your *Access to Care* doctor. You should identify yourself as an *Access to Care* patient when phoning for an appointment.
2. **You are responsible** for the payment of visits to any other doctor other than the one that appears on your *Access to Care I.D. card* and for the payment of any medical tests other doctors order.
3. **You are responsible** for presenting your *Access to Care I.D. card* whenever you go for medical, pharmacy, lab or x-ray services.
4. **You are responsible** for the appropriate co-payments to doctors and pharmacies; and for each lab and /or x-ray procedure. **You are also responsible** for payment of services not covered by Access to Care.
5. **You are responsible** for notifying the Suburban Primary Health Care Council of any changes in name, address, telephone number or if you become ineligible for the program during the enrollment period.  
Eligibility requirements are:
  - a. residence in suburban Cook County or in Chicago Demonstration area
  - b. family income less than twice the federal poverty level;\* and
  - c. ineligible for Medicaid (Public Aid) or Medicare; and
  - d. no health insurance for doctor office visits. (Unless individual deductible is \$500.00 or more).
6. **You are responsible** for re-enrolling prior to the expiration date on your I.D. card if you wish to remain in the program. Non-English speaking individuals should have an adult translator available for enrollment and reenrollment.
7. **You are responsible** for payment of the annual enrollment fee. \$20 for one family member, \$40 for two family members or \$50 for families of three or more.
8. **Access to Care** enrollment and privilege **will be terminated** for abuse of the program such as:
  - a. lack of compliance with *Access to Care* procedures, responsibilities or eligibility;
  - b. repeated lack of compliance with *your Access to Care* physician's therapeutic direction or abusive behavior directed toward the physician or office staff.
  - c. giving your I.D. card as an *Access to Care* enrollee to any other person to use.
  - d. participating in Medicare, Medicaid or receiving health benefits for doctor office visits under any other program; and/or
  - e. deliberate omission or misrepresentation of any information provided to the Suburban Primary Health Care Council.
  - f. non-payment of enrollment fee.

## MEMBERS RIGHTS:

You may file a grievance if:

1. You believe you have been unfairly terminated or declared ineligible
2. You believe you have been discriminated against on the basis of race, color, sex, national origin, age or handicap by an employee, agent or contractor of the Council other than physician; and/or
3. You believe that an employee, agent or contractor of the Council other than a physician has violated any established policy or procedure of the Council.

All grievances must be submitted in writing within 14 days of the event to:

**Suburban Primary Health Care Council  
2225 Enterprise Drive  
Suite 2504  
Westchester, Illinois 60154**

A copy of the grievance procedure is available upon request from the Council office.

### ***Disclaimer***

*The doctors participating in the Access to Care program are not employees, agents or partners of the Suburban Primary Health Care Council and the Council is not responsible in any way for the amount or quality of medical care services received from participating doctors. The Council is not engaged in the practice of medicine and does not hold itself out as a medical facility. The Council will not function as a resource for medical advice with respect to medical diagnosis and/or medical treatment.*

\*FEDERAL POVERTY LEVELS ARE REVISED AND PUBLISHED IN THE FEDERAL REGISTER IN FEBRUARY OF EACH YEAR.

## SERVICES AVAILABLE IN THE COMMUNITY

The *Access to Care* program does not provide some basic health care services which are already available in the community at a reduced cost or free of charge. Services are provided by the Cook County Department of Public Health, local health departments and social service agencies.

### COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

School Physicals  
Immunizations  
Well Child Clinic  
Family Planning Clinic  
Prenatal Clinic  
Sexually Transmitted Disease Clinic  
Wellness on Wheels Van  
W.I.C. Clinic

*For detailed information call one of the following sites:*

**North District Office - Rolling Meadows, (847) 818-2860**  
**South District Office - Markham, (708) 210-4500**  
**Southwest District Office - Bridgeview, (708) 974-6160**  
**West District Office - Maywood, (708) 450-5300**

### WIC PROGRAM

**CEDA Northwest, Mount Prospect, (847) 392-2332**  
**P.L.C.C.A., Maywood, (708) 450-3500**

### SUBURBAN COOK COUNTY T.B. CLINIC *T.B. Testing and Chest X-Rays*

**DesPlaines, (847) 297-1090**  
**Forest Park, (708) 366-5000**  
**Harvey, (708) 333-5630**

*The following health departments and social service agencies offer a variety of services such as school physicals and immunizations. Many of them have specific residency and income requirements. Please call the numbers listed for further information.*

**Evanston Health Department, (847) 866-2947**

**Skokie Health Department, (847) 673-0500**

**Well Child Conference, Elgin, (847) 741-7370**

**Faith Bailey Health Center, Calumet City, (708) 891-8170**

**Cottage Grove Medical Center, Ford Heights, (708) 758-7077**

**Lincoln Memorial Medical Center, Robbins, (708) 687-6720**

**Park Forest Health Department, (708) 748-1118**

**Woody Winston Medical Center, Phoenix, (708) 687-7050**

**Cicero Health Department, (708) 656-3600**

**DesPlaines Valley Health Center, Summit, (708) 458-0757**

**Community Nurse Health Association, LaGrange, (708) 352-0081**

**Always check with your local Township office to determine what services it may offer.**