

Doctors in 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. Below is a general guide.

Services included:

- 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 only covered by prior approval:

- Mammograms (if under the age of 40)

Services not included:

- Physicals
- Well baby/child care
- Family planning/birth control
- Care provided by a non-primary care physician specialist*
- CT scans/MRI tests
- Hospital care
- Prenatal care
- Emergency room care
- Over the counter drugs (except insulin and diabetic testing supplies)
- Care provided by an obstetrician or gynecologist
- Ultrasounds other than breast
- IVPs

*Please note that Access to Care does not pay for specialty care. If you are referred by your doctor or by Access to Care to another doctor or facility for specialty care, you must pay for services as required by that doctor or facility.

Medical services, lab tests, x-rays, radiology tests, and/or prescriptions ordered by any doctor other than your assigned Access to Care doctor are not covered. If you receive services (lab tests, x-rays, radiology, and/or prescriptions) at a facility not contracted by Access to Care, you will be responsible for the entire cost of those services.

Access to Care® is charity care, not insurance, and does not meet the individual mandate requirement under the Affordable Care Act.

For information call (708) 531-0680