



## **VOLUNTEER APPLICATION**

The Physicians CareConnection (PCC) helps provide medical care to Central Ohio residents who are vulnerable (ANY person who has healthcare challenges due to individual barriers)

Please fill out this form so that we can be efficient in our communication and feedback process.

### **A PLEDGE (OPPORTUNITY TO SEE PATIENTS IN YOUR OFFICE)**

- Is defined as the number of eligible community residents referred by our office for which a doctor (or group of doctors) volunteers to provide care - regardless of the number of encounters required to satisfy that doctor's quality of care standards
- Includes volunteering the cost of staff time, medical supplies, and other services offered in the doctor's practice location
- Pledges are allocated quarterly to manage the number of referrals sent to any one practice in a three -month period

You may pledge any number of patients you choose - Suggested number of pledge used in other communities:

12 pledges per doctor for primary care = 1 per month

24 pledges per doctor for specialists = 2 per month

### **PHYSICIANS FREE CLINIC (OPPORTUNITY TO VOLUNTEER AT MONDAY NIGHT CLINIC)**

- The Monday night clinic is located at the Columbus Public Health Department; 240 Parsons Ave. Clinic hours are from 6PM-9PM
- You may pledge to volunteer to see patients at the clinic as many Monday nights as you would like

### **Doctors volunteering at the Physicians Free Clinic and/or the Voluntary Care Network will receive the following support services when providing care to patients:**

- Free medical interpreters (no charge for patients)
- Prescription drugs (nominal co-pay for patients)
- Free transportation services (no charge for patients)
- Eyeglasses (nominal co-pay for patient)
- Centralized scheduling and patient tracking system
- Central staff that coordinates primary/specialty referrals, interpreters, access to affordable prescription drugs, transportation services, and a system that assists patients with enrollment in public insurance programs and other social services.

**OVER**

**GROUP NAME:** \_\_\_\_\_ (please print)

**DOCTOR NAME(S):** \_\_\_\_\_

**Please provide us with your preferred mode of communication:**

FAX Number (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

**YES! I would like to pledge (to see patients in my office) for:**

myself *OR*  my group (please check one)

**I/we pledge to accept** \_\_\_\_\_ (enter number) patients.

(Please enter the number of patients you or your group are willing to accept the first year)

**-AND/OR-**

**YES! I would like to volunteer at the Physicians Free Clinic**

YES *OR*  NO (please check one)

**I/we pledge to volunteer at** \_\_\_\_\_ (enter number) Monday night clinics.

(Please enter the number of Monday nights you or your group are willing to accept the first year.)

**PRACTICE INFORMATION**

Specialty: \_\_\_\_\_

Primary Practice street address/city/state/zip \_\_\_\_\_

Office Manager/Administrator's name \_\_\_\_\_

Office Manager/Administrator's phone number \_\_\_\_\_

**HOSPITAL AFFILIATION/PREFERENCES**

Please let us know your hospital affiliation/preference(s). This information will be used to manage the flow of referrals between doctors in the community. We will make every attempt to manage doctor referrals within your hospital preference(s).

**Please select your hospital preference(s) from the list below:**

- |                              |                            |
|------------------------------|----------------------------|
| _____ No Hospital Preference | _____ Riverside Methodist  |
| _____ Columbus Children's    | _____ Grant Medical Center |
| _____ Mount Carmel East      | _____ Doctors Hospital     |
| _____ Mount Carmel West      | _____ OSU Medical Center   |
| _____ Mount Carmel St. Ann's | _____ OSU Hospital East    |

We will be contacting your office manager/administrator to schedule a training session. Our goal is to provide an organized, efficient system of care for our patients and the volunteer doctors. We will provide you with monthly updates of activities and progress.

Please contact Xenia Armstrong if you have questions or comments (304-276-6308) or [xarmstrong@pcchealth.org](mailto:xarmstrong@pcchealth.org).

**Please return your completed application via fax (614-884-0123)  
or mail to: Physicians CareConnection 1390 Dublin Rd.,  
Columbus, OH 43215**