



Healing Together
Growing Together

Mejor Salud Con Confianza



PATIENT HANDBOOK



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WELCOME!

Dear Patient:

From the moment you enter Urban Health Plan's doors, we want you to become a part of a long tradition of patient-centered, quality care. At UHP, we are committed to excellence and delivering the highest quality health care and services to all our patients. We know that good care involves more than good medicine and good providers. It is about having a pleasant, comfortable and satisfying experience every time you visit us. Our highly trained staff is dedicated to meeting your medical needs. We want to help you feel better and will work with you to help you manage your health.

Use this guide to learn more about our services and resources that are available to you. It includes essential information to make UHP safe and welcoming for all our patients.

Thank you for choosing us as your primary source of health care. And welcome to the Urban family!

Sincerely,



Paloma Izquierdo- Hernandez
President & CEO

¡BIENVENIDOS!

OUR MISSION

Urban Health Plan's (UHP) mission is to improve continuously the health status of underserved communities by providing affordable, comprehensive, high quality primary and specialty medical care and by assuring the performance and advancement of innovative best practices. With over 30 years of service and a deep rooted foundation in the South Bronx, UHP is dedicated to rendering care in a culturally proficient, barrier free, individualized, and family oriented manner, with an emphasis on prevention through education and the provision of state-of-the-art services.

OUR VISION

Our vision is for UHP to be recognized as the premier community health center in the country. It will be dedicated to developing a strong network of community based patient centered health centers with a focus on incorporating state-of-the-art technology with old-fashioned concern. These centers will meet the growing needs of their patients and will remain a nationally acclaimed model of innovation in community health care and disease prevention.

OUR VALUES

Quality

Highly trained and competent health care professionals deliver our care. Our staff fosters a culture of personal and professional growth. We seek excellence from our colleagues and ourselves while striving to help each other reach our maximum potential.

Cultural Proficiency

Diversity from our linguistically and culturally competent staff is a dominant force in our organization with full respect and acceptance of differing beliefs and values.

Accessibility

Care is delivered in a safe, barrier free environment in a timely, effective, efficient, and equitable manner. Our culture dictates an open door policy.

Personalized Attention

Individual expectations and needs are met, one patient at a time, with respect for privacy and confidentiality while continuing to identify and adapt to changing patient and community needs

Family Oriented Care

A warm and nurturing environment is characterized by an organizational culture of acceptance, caring, helpfulness, and dedication that fosters the healing process.

Continuous Improvement

The quest for continued performance improvement characterizes our work and is aided by continuous learning while optimizing the use of technology.

Innovation

Our work is performed under the assumption that only by changing in innovative ways can we truly excel in the development and implementation of transformational approaches to health care.

OUR COMMITMENT TO YOU

UHP's clinical staff is comprised of well-trained primary care and specialty doctors, dentists, physician assistants, nurses, nurse practitioners, social services professionals and other professional medical staff. Over 90% of our staff is bilingual in English and Spanish. They work diligently to provide you with the most comprehensive and up-to-date medical care, using state-of-the-art equipment. They are highly qualified and committed to providing the best quality medical care in an individualized, culturally sensitive and confidential manner.

UHP also has a dedicated administrative staff who is committed to ensuring that our patients receive quality care in a friendly and professional environment.

You have made the right decision in choosing UHP as your health care provider. We look forward to serving you, and hope you value your experience with us.

PATIENT ADVOCACY

UHP has a comprehensive Patient Advocacy program designed to assist you in obtaining the best care possible. Our patient advocates are available during regular clinic hours to answer any questions you may have about the services you have received.

The patient advocate:

- Ensures that patient rights are protected
- Ensures patient satisfaction
- Promotes education regarding patient care and UHP's services
- Escorts or properly directs patients to designated areas in the building
- Assists patients with changing their primary care provider
- Investigates, documents and resolves patient complaints
- Documents and reports suggestions for improving our services

WALK-IN CLINIC

UHP has Adult and Pediatric Walk-In clinics open during our regular hours that you can use for missed appointments and acute medical conditions. There is also an OB/GYN Walk-In Clinic for acute medical conditions.

APPOINTMENTS

To schedule, cancel or reschedule an appointment, please call the appointment line at **718-589-4755** with your medical record number or name and address. An appointment representative will verify your information and assist you.

As part of our service, UHP calls its patients to remind them of their appointments. If you prefer not to be reminded, please inform the staff in our lobby or call our appointment line at **718-589-4755** between the hours of 8am and 6pm to speak to one of our patient service representatives.

Appointments are scheduled according to your needs and appointment availability.

What should I bring with me to each visit?

Picture ID

Appointment notice

Insurance Card

Co - payment (if applicable)

Proof of income and family size (every six months, if uninsured)

List of medications you are currently taking or bottles of medications

HOLIDAY SCHEDULE

Appointments will not be scheduled on major holidays. El Nuevo San Juan's Adult and Pediatric Walk-In clinics are open from **8am - 3pm** on most major holidays including Martin Luther King, Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, and the day after Thanksgiving. All other clinical departments and administrative offices are closed. All UHP centers are closed on New Year's Day, Thanksgiving Day and Christmas Day

Bella Vista and Plaza del Castillo Health Centers and Plaza Del Sol Family Health Center are closed on all major holidays. El Nuevo San Juan is closed on the following Sundays: Easter, Mother's Day, Father's Day and the first Sunday in August.

EMERGENCY AND URGENT CARE

After Hours On-Call Service:

If you need medical care after hours, UHP provides a 24-hour on-call service on weekdays, weekends and holidays. To reach a provider, call **(718) 589-2440** if you are a patient at El Nuevo San Juan, **(718) 589-2141** (Bella Vista), **(718) 589-1600** (Plaza del Castillo) and **(718) 651-4000** (Plaza del Sol). Give the operator your name and tell them that you are a patient at UHP. The operator will contact the provider on call who will return your call as soon as possible. If the line is busy, please call **(212) 517-1891**. If you have a life-threatening emergency, call 911 for an ambulance.

VISITS TO YOUR PRIMARY CARE PROVIDER

Initial visit

Patient/Caretaker:

1. You will be given a Notice of Privacy and asked to sign a patient consent form.
2. Present your photo identification and insurance card for verification. If you do not have health insurance or if your current insurance is invalid, you will be asked to meet with a managed care associate who will further assist you.
3. Our health care services representative (HCSR) will assist you in completing a psychosocial, nutritional, and learning needs assessment.
4. The intake staff person will give you information about UHP and copies of the Patient's Bill of Rights, Health Care Proxy and Advance Directives.
5. You will be assigned a primary care provider (PCP) who will be responsible for your primary care.
6. An appointment will be scheduled for your initial visit with your PCP.

Subsequent visits

Patient/Caretaker:

1. Report directly to the department in which your appointment provider is located.
2. Present your photo identification and insurance card at the reception desk for verification.
3. The receptionist will complete the registration process.
4. Please seated until the HCSR calls you.
5. After your PCP has seen you, the HCSR will assure that you receive all your prescriptions, referrals and follow-up appointments.

HEALTH CARE PROXY

Policy:

It is UHP's policy that each adult patient registering for care (age 18 or over) be provided with information regarding **Advanced Directives** including **Planning in Advance for Your Medical Care, Appointing a Health Care Agent**, and **New York State's Health Proxy Law**. In addition, UHP will assist patients who wish to issue an Advanced Directive.

What is an Advanced Directive?

You can plan for your medical treatment so that in the event that you were unable to make health care decisions for yourself, someone whom you trust would be able to follow your instructions as to what type of medical procedures you would want and which you would not. You can plan for your medical treatment by completing a **Health Care Proxy** and **appointing a health care agent**.

What is a Health Care Proxy and how do I choose a Health Care Agent?

A **Health Care Agent** is someone who you can trust and is 18 years of age or older. Your health care agent is someone who knows your medical history and what medications you are on, can speak to doctors in the event that you cannot speak for yourself, and would be aware of your wishes in a life or death situation.

A **Health Care Proxy** is a document you complete listing the name of your health care agent and your medical treatment preferences.

Completing a health proxy and choosing a health care agent is voluntary. If you wish to do so, you should discuss your choice of health care agent with your family members or other people whom you trust so that you make the right choice and so that people who care about you are aware of your health care proxy and your choice of health care agent.

You should keep your health care proxy with you at all times and give a copy to your health care agent to keep with him or her.

The Social Services Department will be happy to answer any questions and assist you with completion of the health care proxy. You can reach the Social Services Department by calling (718) 589-2440 ext. 4250.



OUR CENTERS

El Nuevo San Juan

1065 Southern Boulevard
Bronx, NY 10459

Monday-Friday: 7am-7pm

Saturday: 8am-5pm

Sunday :11am-3pm

Bella Vista Health Center

890 Hunts Point Avenue
Bronx, NY 10474

Monday, Wednesday & Friday: 8am-6pm

Tuesday & Thursday: 7am-7pm

Saturday: 9am-1pm

Plaza Del Castillo Health Center

1515 Southern Boulevard
Bronx, NY 10460

Monday-Friday: 8am-6pm

Saturday: 9am-1pm

Plaza Del Sol Family Health Center

37-16 108th Street
Corona, NY 11368

Monday, Wednesday, Thursday & Friday:

8:30am- 7pm

Tuesday: 8:30am-8:30pm

Saturday: 9am-6pm

Sunday: 10am-3:00pm

El Viejo San Juan

1070 Southern Boulevard
Bronx, NY 10459

Monday-Friday: 9am-5pm

WIC Program

1070 Southern Boulevard
Bronx, NY 10459

Monday: 9am-5pm

Tuesday: 8:30am-5pm

Wednesday: 8:30am-6pm

Thursday: 7:30am-5pm

Friday: 9am-3pm

Saturday: 8:30am-1pm

School Based Health Centers

PS 48

MS 201

PS 333/335

PS 75

Jane Addams High School for Academic Careers

Open during regular school hours

Off-Site Programs

St. Vincent de Paul Adult Day Treatment Program

Eddie Fernandez House-Tier II Shelter

Mike Breslin House-Tier II Shelter

Kips Bay Boys and Girls Club-Dental Clinic

Wednesday: 10am-1pm

Tuesdays: 1pm-5pm

Wednesday: 3pm-5pm

Wednesday:3pm-6:30pm

OUR SERVICES



Primary Care

Adolescent Medicine
Adult Medicine
Dentistry
Family Medicine

Family Planning
Internal Medicine
OB/GYN
Pediatrics

Prenatal Services
Primary Care for the Developmentally
Disabled
Walk-In Clinics

Specialty Care

Allergy
Cardiology
Endocrinology
Geriatrics
Immunology

Infectious Diseases
Nephrology
Neurology
Physiatry
Psychiatry

Pulmonary
Ophthalmology
Rheumatology
Surgery
Urology

Ancillary Services

Audiology
HIV Counseling/Testing
Immunizations
Nutrition

Optometry
Physical Therapy
Podiatry

Psychotherapy
Social Services

Diagnostic Services

Body Fat Measurement
Bone Mineral Densitometry
Cardiac Testing
Digital Radiology

Electrocardiograms (EKG)
Laboratory
Pulmonary Function Testing

Sonography
Spirometry
TB Testing

Support Services

Asthma Management
Case Management
Community Health Worker Program

Diabetes Management
Enuresis Management
Health Education

Health Insurance Enrollment
School Health Programs
WIC Services



FEES & INSURANCES

No patient will be denied services based on their inability to pay. A sliding fee scale based on the Federal Poverty Income Guidelines and family size is available for patients without health insurance coverage.

Assistance with completing applications for Medicaid, Child Health Plus, Family Health Plus and the PCAP Medicaid (Prenatal Care Assistance Program) is available

Accepted Medical Insurances

Medicaid	Empire Blue Cross/Blue Shield
Medicare	Family Health Plus
ADAP+	Fidelis Care
Aetna US Healthcare	GHI
Affinity Health Plan	Healthfirst
Ameri Choice	Health Plus
AmeriHealth Plan	Neighborhood Health Providers
CenterCare Health Plan	Oxford
Child Health Plus	PCAP Medicaid (Prenatal)
Community Choice of Westchester	Prudential

Accepted Dental Insurance

Medicaid
Community Choice (Medicaid Only)

Urban Dental Management

ABC Health Plan (Dental Only)
MetroPlus (Dental Only)
Well Care (Dental Only)

Doral

Empire Blue Cross/Blue Shield
Fidelis Care
Health first

Healthplex

Affinity
CenterCare
Health Plus
Neighborhood Health Providers
United Healthcare



If your insurance is not listed, please call (718) 589-2440 Ext. 4318 to confirm eligibility.

CONTACT US

General Information

(718) 860-5555

Website

www.urbanhealthplan.org

Administration

Urban Health Plan, Inc.
1065 Southern Boulevard
Bronx, NY 10459
(718) 589-2440 Ext. 4221

Appointments

(718) 589-4755

Development

(718) 589-1687 Ext. 2833

Finance

Plaza del Castillo Health Center
(718) 589-1687

On-Call Service

(718) 589-2440 (El Nuevo San Juan)

(718) 589-2141 (Bella Vista)

(718) 589-1600 (Plaza del Castillo)

(718) 651-4000 (Plaza del Sol)

(212) 517-1891

Sites

El Nuevo San Juan
(718) 589-2440

Bella Vista Health Center
(718) 589-2141

Plaza del Castillo Health Center
(718) 589-1600

Plaza del Sol Family Health Center
(718) 651-4000

WIC

(718) 589-4776

PATIENT'S BILL OF RIGHTS

1. The patient has the right to receive service(s) without regards to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor.
2. The patient has the right to have his/her cultural, psychosocial, spiritual and personal values, and beliefs respected.
3. The patient has the right to be treated with consideration, respect and dignity including privacy in treatment.
4. The patient has the right to be informed of the services available at the center.
5. The patient has the right to be informed of the provision for off-hour emergency coverage.
6. The patient has the right to be informed of the charges for services, eligibility for third-party reimbursements and when applicable, the availability of free or reduced cost care.
7. The patient has the right to receive an itemized copy of his/her account statement upon request.
8. The patient has the right to obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand.
9. The patient has the right to receive information necessary to give informed consent prior to the start of any non-emergency procedure or treatment or both from his/her physician. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
10. The patient has the right to refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action.
11. The patient has the right to refuse to participate in experimental research.
12. The patient has the right to voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal.
13. The patient has the right to express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Health System Management.
14. The patient has the right to privacy and confidentiality of all information and records pertaining to his/her treatment.
15. The patient has the right to approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third party payment contract.
16. The patient has the right to access his/her medical record pursuant to the provisions of Section 18 of the Public Health Law and Subpart 50-3 of this title.

PATIENT'S RESPONSIBILITIES

Patients are responsible for providing accurate and complete information about complaints, past illnesses, hospitalizations, medications, advance directives and other matters of care. Patients are also responsible for acknowledging when they do not understand the treatment or care decision that is being considered. As long as they are made aware of the consequences, patients can refuse or limit care even if their decisions adversely affect outcomes.

PAIN MANAGEMENT

UHP, Inc. respects patients' rights for relief of pain and suffering, and assures the patient's right to an effective pain management plan based on clinical status, needs, cultural and ethnic preferences and age. The organization believes that effective pain management is a physical, psychosocial, and social process that should be managed proactively in collaboration with the patient, family, professional staff, physician, and social workers.

VICTIM'S RIGHTS NOTICE

If you are the victim of domestic violence (includes physical, emotional, physiological and financial abuse) the police and courts can help you:

The Police:

- Get to a safe place away from the violence.
- Obtain information on how the court can help protect you against the violence.
- Obtain medical care for injuries you and/or children may have.
- Get necessary things from your home for you and your children.
- Obtain copies of police reports regarding the violence.
- File a complaint in criminal court and they will tell you where your local criminal and family courts are located.

The Courts:

- If the person who harmed or threatened you is a family member, spouse or someone you have had a child with, you have the right to take them to the criminal, family court or both.
- If you and the abuser are not related, are not married, and do not have children, your case can only be heard in the criminal court.
- You need to obtain an order of protection form from either the family court and the local criminal court.
- The court can issue a temporary order of protection to you, your children and any individual involved in your case.
- If you cannot afford a lawyer, the family court may appoint one at no cost to you.
- The family court may order temporary child support and custody of your children.

Protection Under the Law

According to New York State Law, “If you are the victim of domestic violence, you may request that the officer assist in providing for your safety and that of your children, including providing information on how to obtain a temporary order of protection. You may also request that the officer assist you in obtaining your essential personal effects and locating and taking you, or assist in making arrangements to take you and your children to a safe place within such officer’s jurisdiction, including but not limited to a domestic violence program, a family member’s or a friend’s residence, or a similar place of safety. When the officer’s jurisdiction is more than a single county, you may ask the officer to take you or make arrangements to take you and your children to a place of safety in the county where the incident occurred. If you or your children are in need of medical treatment, you have the right to request that the officer assist you in obtaining such medical treatment. You may request a copy of any incident report at no cost from the law enforcement agency.”

“You have the right to seek legal counsel of your own choosing and if you proceed in family court and if it is determined that you cannot afford an attorney, one must be appointed to represent you without cost to you. You may ask the district attorney or a law enforcement officer to file a criminal complaint. You also have the right to file a petition in the family court when a family offense has been committed against you. You have the right to have your petition and request for an order of protection filed on the same day you appear in court, and such request must be heard that same day or the next day court is in session. Either court may issue an order of protection from conduct constituting a family offense, which could include, among other provisions, an order for the respondent or defendant to stay away from you and your children. The family court may also order the payment of temporary child support and award temporary custody of your children. If the family court is not in session, you may seek immediate assistance from the criminal court in obtaining an order of protection. The forms you need to obtain an order of protection are available from the family court and the local criminal court. The resources available in this community for information relating to domestic violence, treatment of injuries, and places of safety and shelters can be accessed by calling the following 800 numbers. Filing a criminal complaint or a family court petition containing allegations that are knowingly false is a crime.”

New York State 24-Hour Domestic Violence Hotlines:

1-800-942-6906 (English)

1-800-942-6908 (Español)

Local Domestic Violence Hotlines

Violence Intervention Program, Inc. 1-800-664-5880

24-Hour NYC Domestic Violence 1-800-621-HOPE

New York State Hotlines

Adult Domestic Violence (24 hours, 7 days a week) English: 1-800-942-6906
Español: 1-800-942-6908

Prevent Child Abuse in New York 1-800-342-7472
Prevention information
Parent help-line

Office of Children & Family Services 1-800-342-3720
To report child abuse

FREQUENTLY ASKED QUESTIONS

General Information

Are UHP's facilities handicap accessible?

Yes! All of UHP's facilities are handicap accessible.

Do you provide transportation assistance?

A courtesy van service is available to transport patients between our health centers. Metro cards are available for patients who are enrolled in Medicaid Managed Care. Metro cards are given to patients after their visit and upon verification of insurance. Ambulette/livery services are available for patients with Medicaid based on medical need and approved by their primary care provider.



Appointments

How long does it take to get an appointment?

SERVICE

Emergency Care

Urgent Care

Non-urgent sick visit

Routine care (e.g., follow-up visit)

Ancillary services

Initial Prenatal Visit

Adult baseline routine physical exam

Well Child Care

Initial family planning visits

Initial PCP office visits for newborns

Specialty Initial Visit

Specialty Follow Up visits

STANDARD

Immediately upon presentation

Within 24 hours of request

Within 48 to 72 hours of request or as clinically indicated

Within 4 weeks of request

Same date as visit, if medically necessary

Within 3 weeks of request during the first trimester, and each week thereafter

Within 12 weeks of enrollment

Within 4 weeks of request

Within 2 weeks of request

Within 2 weeks of hospital discharge

Within 2 weeks of request

Within 4 weeks of request

**For more information, please call the appointment line at
(718) 589-4755.**

FREQUENTLY ASKED QUESTIONS (cont.)

How do I obtain a referral to a specialist outside of UHP?

Your PCP will write a referral and send it to our Referral Center who will schedule and notify you of your appointment by mail or telephone. Therefore, it is very important for you to update your address and telephone number with our staff. If you do not receive your appointment information within two weeks, please call the Referral Center.

For more information, please call the Referral Center at (718)542-5555 Ext. 3102.

Fees and Insurances

What type of insurances and managed care plans does UHP accept?

The managed care plans and insurances accepted at UHP are listed on page nine of this handbook.

If your insurance plan is not listed, please call (718) 589-2440 Ext. 4259 for verification.

Can I receive services if I don't have health insurance coverage?

Yes! It is our policy at UHP that no patient will be denied services based on their inability to pay. A sliding fee scale is available based on income and family size.

To determine if you qualify for Medicaid, Child Health Plus or Family Health Plus, one of our facilitated enrollers will screen you. If you are eligible for Medicaid and have been approved, we will bill Medicaid retroactive for three months.

For more information, please call the Billing Department at (718) 589-2440 Ext. 4318.

How do I apply for health insurance?

Facilitated enrollers are available to determine your eligibility for Medicaid, Family Health Plus and Child Health Plus A & B. More information is available in the health insurance brochure included in your packet.

For more information, please call the Health Insurance Program at (718)542-5555 Ext. 3104/3106/3146.

FREQUENTLY ASKED QUESTIONS (cont.)

What documentation do I need to submit in order to receive discounted services? How often do I need to submit them?

To be considered for a sliding fee scale, you must submit proof of income such as your pay stubs, current income tax forms or a letter from your employer. When you come to open a record, please bring these documents with you. If you do not, you will be given 30 days in which to submit them.

Once you have submitted the documents, you will need to re-certify every **6 months** by bringing updated documents to the insurance verification clerk in the Billing Department.

**For more information, please call the Billing Department at (718)589-2440
Ext. 4318.**

Medical Records

How do I request the transfer of my medical records to another facility?

Requests can be made directly through the social service desk in the patient services area in the lobby. You will be required to complete a form authorizing us to release your information. Upon completion of this form, the Medical Records Department will process your request.

**For more information, please call the Social Services Desk at (718) 589-2440
Ext. 4292.**

MANAGED CARE

What is Managed Care?

Managed care is a way of handling a patient's care while also managing the cost of services. Its purpose is to give patients the coordination of care to keep them healthy. There are many kinds of managed care plans but they all work the same way.

In the past, most people have been in the Medicaid "fee-for-service" care, which means that Medicaid paid separately for each service they received from a doctor, hospital, or other health care provider. Now most Medicaid beneficiaries have to join a Medicaid managed care plan. Health providers receive a monthly payment from Medicaid Managed Care Organizations to provide all the care that an individual Medicaid member needs.

- Individuals in managed care plans choose a regular doctor to coordinate their care.
- Most managed care plans require you to get **permission** from your plan before you go to the hospital, have surgery, or receive other kinds of special treatment, except in the case of emergency.
- Many managed care plans **limit the choice** of doctors, hospitals, laboratories, clinics, drugstores, and other sources of health care. The list of doctors and other sources of care that can be used is called the plan's network or provider network.

What benefits must be provided by a Medicaid Managed Care plan?

You are entitled to the same benefits you would get under fee-for-service Medicaid, but you will get them through your managed care plan.

Who is eligible for Medicaid Managed Care?

New York State will require most people on Medicaid who are under age 65 and do not live in an institution (like a nursing home) to join a Medicaid Managed Care plan. If you fit into any of the following categories, you will be required to join a plan unless you are eligible for an exemption or an exclusion.

- Single people and childless couples receiving public assistance cash benefits or in the Medicaid only program.
- Low-income families with children receiving public assistance cash benefits (TANF-related or Family Assistance) or in the Medicaid only program [Low-Income Families (LIF)].
- Pregnant women whose net available income is at or below 200% of the federal poverty level for the applicable household size.
- Infants, birth to age 1, whose family net available income is at or below 185% of the federal poverty level for the applicable household size.
- Children ages 1 through 5 whose family net available income is at or below 133% of the federal poverty level for the applicable household size.
- Children ages 6 to 19, whose family's net available income is at or below 100% of the federal poverty level for the applicable household size.
- People receiving benefits under the Transitional Medical Assistance program.

If you need help understanding these categories, please contact the Public Benefits Resource Center at the Community Service Society's Center for Benefit Services, at 212-614-5552.

**For more information please contact our Managed Care Department at
(718) 589-2440 Ext. 4259.**

IMPORTANT INFORMATION

My Primary Care Provider is _____

My Record Number is _____

My Managed Care Plan is _____

Telephone # _____

My Pharmacy Telephone # _____

Other doctors:

- Keep all of your family's medical records together in a safe and accessible place.
- Always carry your insurance cards with you.
- Make appointments for your clinic visits and be punctual.
- If you cannot keep an appointment for any reason, please call the clinic ahead of time. Do not forget to reschedule your appointment.
- Your opinion is important to us. Please take the time to tell us how we are doing. A patient satisfaction survey is administered on a regular basis and our patient advocate is available for comments and suggestions.

Urban Health Plan Inc. is accredited by JCAHO

What is JCAHO?

The Joint Commission is a not-for-profit organization dedicated to raising the level of safety and quality of care in all health care settings. Since 1951, the Joint Commission has been recognized within health care as a symbol of quality.

The Joint Commission's governing board includes doctors, nurses, medical directors and consumers. The Joint Commission sets the standards that measure health care quality in America and around the world. On a continuing basis, groups of doctors, nurses, and representatives of national health care organizations meet to review the standards for care, and make recommendations for additions and improvements to the requirements.

The Joint Commission's mission

To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care.

How can I find out more about accreditation?

For more information on accreditation of health care organizations, visit www.jointcommission.org. To find other accredited health care organizations, look for Quality Check™.

What is accreditation?

Accreditation means that this outpatient facility has volunteered to undergo a challenging, comprehensive evaluation. It has made a significant extra effort to review and improve the key factors that can affect the quality and safety of your care.

Accreditation by the Joint Commission is considered the Gold Standard in health care. Hospitals have been evaluated by the Joint Commission for more than 50 years. This facility is accredited just as the hospitals in your community are accredited.

Doctors and nurses from the Joint Commission personally visited this facility to conduct a review and looked at how well the facility

- provides a safe environment for your care
- educates you about the risks and options for diagnosis and treatment
- protects your rights as a patient, including your right to confidentiality
- evaluates your condition, before, during and after diagnosis and treatment
- protects you against infection
- plans for emergency situations

The fact that this facility has gone through this evaluation shows an extraordinary commitment to provide safe, high quality care and a willingness to be measured against the highest standards of performance.

How does an organization become Joint Commission accredited?

The Joint Commission accreditation is voluntary. To prepare for its review, a facility like this one made a commitment to improvement, and put teams together to look carefully at what it could do better to ensure safety and quality of care. Next, Joint Commission surveyors were invited to the facility for an intense on-site review. Then this facility received a report identifying its strengths, and outlining what it could improve. Only a small percentage of outpatient settings have gone through this kind of evaluation. Congratulations on choosing an accredited facility.

Whenever and wherever you receive health care, look for the Joint Commission gold seal of approval

Thank you for being a part
of the UHP Family!