



Project Access
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PHYSICIAN ACCEPTANCE FORM

COUNTY _____ Must Be a Wake County Resident

Patient Last Name First Name Gender Date of Birth

Home Phone# Work Phone # Social Security # (If none, state none)

Street Address City Zip

Spanish Materials Required

Enrolled by: _____
Print Name (Participating Physician)

Practice Name

Phone Fax

Person completing this form Phone/extension

PATIENT was referred to your practice by: _____
Name of doctor Name of Practice (or Hospital)

If patient is approved, indicate the effective date for enrollment: _____

Is there any reason why this patient should not establish primary care with one of the Project Access Enrollment Site Clinics? Yes No If yes, reason: _____

I understand that the Project Access office will screen the above-referenced patient. Pending eligibility, I hereby accept this individual as a Project Access Participant.

Physician Signature Date

PROJECT ACCESS ELIGIBILITY REQUIREMENTS

1. Must be a Wake County Resident and provide proper identification.
2. Income below 185% of the Federal poverty guideline.
3. Does not have any health insurance, Medicare or Medicaid.

To be eligible for Project Access, patients:

- Must be a Wake County resident and provide valid and current I.D.
- Must not have any health insurance, Medicaid or Medicare.
- Must have a household gross income at or below 185% of the Federal Poverty Guideline (see table below).
- Must show proof of total household gross income including:
 - Copy of last (2) pay stubs
 - Copy of W-2 or tax return w/schedule C for self-employed
 - Letter from employer stating hours worked per week and hourly wage

**2009 HHS Poverty Guidelines &
Project Access Income Guidelines**

Persons in Family Unit	National Poverty Annual	185% FPL Monthly	185% FPL Annual
1	\$ 10,830	\$ 1,670	\$ 20,036
2	\$ 14,570	\$ 2,246	\$ 26,955
3	\$ 18,310	\$ 2,823	\$ 33,874
4	\$ 22,050	\$ 3,399	\$ 40,793
5	\$ 25,790	\$ 3,976	\$ 47,712
6	\$ 29,530	\$ 4,553	\$ 54,631
7	\$ 33,270	\$ 5,129	\$ 61,550
8	\$ 37,010	\$ 5,706	\$ 68,469
For each additional person, add	\$ 3,740	\$ 577	\$ 6,919