



# Physician Office Manual

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March 15, 2005

The Mecklenburg County Medical Society sponsors a program called **Physicians Reach Out (PRO)**. It grew out of our physician community's desire to more appropriately deliver health care to the low-income, uninsured people of Mecklenburg County. Over 900 Mecklenburg physicians have agreed to participate in this program and see patients without charge.

Over 70% of the low-income, uninsured are in working families. Frequently their employer does not offer health benefits. **Physicians Reach Out** is an attempt to help in a systematic manner that makes it easier for physicians and patients to be successful in a private practice environment.

**PRO** offers a systematic eligibility screening system that assures that each enrollee is a Mecklenburg resident, receives NO Medicaid, Medicare, or other health insurance, and falls below 200% of Federal Poverty Guidelines. Each patient enrolled in **PRO** will be re-screened every six months to determine ongoing eligibility. Eligible persons are assigned primary care physicians who have agreed to accept a specified number of new patients per year in their practice, usually 10 to 12. This physician has access to medical specialists who have agreed to take 20 to 24 referrals per year. Both hospital systems are participating. Patients and primary care physicians are assigned to one of two networks, Carolinas HealthCare System or Presbyterian Healthcare. Once that assignment is made, all referrals for that patient must stay in the designated network.

The impact of this program is being evaluated by a team at the University of North Carolina at Charlotte. The evaluation is designed to measure the major objectives of **PRO** and has three distinct components: impact on health status of participants, impact on community services, and utilization of resources. This will hold us accountable to our clients, our funders, and ourselves. In addition, we believe **Physicians Reach Out** will reduce participant's utilization of hospital emergency rooms and lower their rate of hospital admissions.

We thank you for participating in this exciting program. We hope you will find it a rewarding experience. If you encounter any problems, please call the **PRO** office at 704/371-4740. The staff along with the physician members of the **PRO** Committee want to hear your suggestions and concerns. They are ready to assist you as you help make this program a success.

Sincerely,

A handwritten signature in black ink that reads "John T. Klimas, MD". The signature is written in a cursive style and is positioned above a light-colored rectangular box.

John T. Klimas, MD  
**Physicians Reach Out** Chairman

# Eligibility

- All potential patients are screened for eligibility prior to enrollment by the Mecklenburg County Department of Social Services.
  - Eligibility Guidelines:
    - Applicant must:**
      - Reside within Mecklenburg County for at least 6 months
      - Have no current employer offered health insurance
      - Have a household income no greater than 200% of the Federal Poverty Level (FPL)
      - Have applied for and been denied VA benefits prior to eligibility screening if a veteran of the United States military
      - Have applied for, and been denied, Medicare/Medicaid if a citizen of the United States
      - Not be an active patient of any sliding scale or subsidized health clinic
      - Be approved for enrollment by **Physicians Reach Out**
- PRO makes every effort to process new applications as expeditiously as possible. However, due to the volume of applicants attending orientations at the **PRO** office, eligibility screening can take several weeks. Typically, new clients receive their **PRO** Identification Card within 7 – 10 days after approval for enrollment.
- Patients will be certified for **PRO** in six-month increments provided they remain within the eligibility criteria.

## Patient Responsibilities

- At enrollment each patient signs a “Patient Acceptance of Program Guidelines”.
- Patients are advised of the program guidelines and their responsibilities to comply. They are also advised of criteria for dismissal, such as not following physician instructions or treatment plans, two appointment no-shows at physician offices or at MedAssist.
- If the patient does not comply with the program guidelines, the patient may be dismissed from the program.
- A sample of the agreement signed at the time of enrollment is on the next page.

### **\*\*Providers:**

- PRO patients are to follow medical practice office policies.**
- Refer any non-compliant patients to the *PRO* Office at 704-371-4740.**

### **Appointments**

Appointment compliance is very important to **PRO**. Our policy states that two unannounced no-shows may result in the patient’s dismissal from the program. We understand the impact of missed appointments on practices. Please refer to our policy outlined in Section 1 of this manual.

If you should have any concerns regarding this, please call our PRO administrative office at 704-371-4740.

## Patient Acceptance of Program Guidelines

Physicians Reach Out is not an insurance plan. Physicians Reach Out offers free or discounted health services donated by Physicians Reach Out, its physicians, partners and other providers. There is no guarantee that health services will be available to you, or that your health will improve. As long as the Physicians Reach Out program continues, every effort will be made to provide you with the health services requested by your assigned Physicians Reach Out doctor. To continue to receive services, you must maintain your eligibility and follow the program guidelines. Your Physicians Reach Out ID card will be accepted only by the doctor assigned to you by Physicians Reach Out, and then only if you have followed the guidelines below.

You agree to:

1. Keep each doctor's appointment. If you miss 2 or more appointments in 12 months, without letting the **doctor's office** know at least 24 hours before your appointment, you may be dismissed from the program.
2. Present your Physicians Reach Out ID card each time you see a doctor.
3. Call your Physicians Reach Out doctor for all questions about your care. **You must call your Physicians Reach Out doctor before going to the emergency room, unless you have a life-threatening emergency.**
4. Follow your treatment plan. For example, get prescribed medicines and take as directed.
5. **Pay all required fees or make payment arrangements with the provider in advance of treatment.**
6. **Use your assigned doctor and hospital. You cannot change your doctor or hospital without permission from Physicians Reach Out.**
7. Promptly supply any information requested by your doctor or Physicians Reach Out.
8. Report all income and health information accurately and completely.
9. Allow your Physicians Reach Out doctor to share your medical information with Physicians Reach Out, to plan your health care. You will be given a separate consent form to sign about your medical information.
10. Allow Physicians Reach Out to share information about your participation in Physicians Reach Out with other individuals, organizations and agencies.
11. Remain aware of the expiration date of your eligibility. Do not seek treatment as a Physicians Reach Out patient after you are no longer eligible for treatment. Apply for renewal, when notified by Physicians Reach Out, before your expiration date.
12. Immediately contact Physicians Reach Out at 704-371-4740 if your income changes or you become covered by Medicare, Medicaid, private insurance, other health insurance or medical benefits.
13. Apply for Medicaid or other assistance if Physicians Reach Out asks you to.
14. Contact Physicians Reach Out at 704-371-4740 immediately with any changes in your address, phone number, or number of family members.
15. Treat all doctors, office staff, and Physicians Reach Out volunteers with respect.
16. Avoid the use of illegal substances and illegal behaviors.

By signing below, you agree to follow these guidelines. If you do not follow the guidelines, you may be dismissed from Physicians Reach Out.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Spouse's Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physicians Reach Out  
601 E. Fifth Street, Suite 150 • Charlotte, NC 28202 • 704-371-4740 • Fax 704-943-3747

# Overview of Services Provided

**Physicians Reach Out** provides the services highlighted below provided that four simple criteria are met:

- The assigned **Physicians Reach Out** physician authorizes the treatment.
- The treatment or diagnosis is for a sickness, bodily injury, or as part of a prescribed disease management program.
- The treatment is medically necessary.
- The treatment is provided in the assigned healthcare network.

## Physician Office Visits

Services performed by a **PRO** physician for a symptomatic person, or for a routine annual physical examination, in an office setting are provided at no charge to the patient. Services, supplies and procedures included at zero charge are any that are considered to be routinely provided in an office setting, for example, routine x-rays, injections, etc.

## Hospital and Surgical Charges

Charges by a participating hospital or physician for medical and surgical services and supplies while hospital confined are provided at reduced fees as outlined in this section. The charges will be discounted based on client's income and **PRO** eligibility determination. The amount of discount will be determined at the time of approval. The discount percentage will appear on the patient identification card and the approval letter.

## Outpatient Services and Tests

Many diagnostic tests will be provided by participating physicians' offices. If a test or service is not available in the physician's office, then it will be scheduled at a hospital or diagnostic center. Services provided by a participating hospital or outpatient facility for outpatient tests or treatments will be subject to a \$50, \$100 or \$150 fee, paid by the patient. These same tests or treatments that are routinely referable to hospital or outpatient facilities are subject to the same fees if performed in a physician's office. The fee is assigned according to the patient's income at the time of approval/enrollment. It will appear on the patient identification card and on the approval letter. The following are examples of services that are included in this category:

Cardiology	Cardiac Cath Lab, Stress Test, Holter Monitor, Echocardiogram, Angiogram
Electrodiagnostics	EEG, EMG
Endoscopy (non OR)	Colonoscopy, Gastroscopy
Nuclear Medicine/Radiation Oncology	Patient required to pay applicable patient fee of \$50, \$100, or \$150 for each week of therapy
Radiology	Includes ultrasound, MRI, CT, angiography, fluoroscopy, x-ray
Respiratory Therapy	Pulmonary Function

### **Outpatient Surgery**

Charges by a participating hospital or physician for outpatient surgery services and supplies are discounted the same as for inpatient hospital services. The amount of discount will be provided at the time of approval/enrollment and will appear on the identification card.

### **Physical Therapy**

Physical therapy is subject to a per-session patient fee of \$5, \$10 or \$15. This fee is assigned according to the patient's income at the time of approval/enrollment. The number of sessions per physical therapy referral is determined by medical necessity.

### **Human Organ and Transplant Charges**

Hospital, medical service and medical supply charges for human organ and/or tissue transplant charges are not eligible expenses. The patient will be referred to the Department of Social Services for Medicaid eligibility determination.

### **Reconstructive Breast Surgery**

As a result of a mastectomy.

### **Psychiatric Services**

We have limited psychiatric services available at this time.

### **Dental Care**

Charlotte Dental Society has teamed up with PRO to create Dentist Reach Out (DRO). Dentists have committed to seeing patients for initial dental assessments, fillings, extractions, root canals, and palliative treatment.

### **Emergency Room**

There is a fee charged to the patient by the hospital per ER visit if not admitted. The patient must pay \$50, \$100 or \$150 depending on his/her income. This fee is assigned at the time of approval/enrollment and will appear on the patient identification card and on the approval letter.

### **Accident or Injury**

Treatment for accident or bodily injury can be administered by **PRO** participating providers. These treatments, if not being paid for under workman's compensation or through a third party liability claim, follow the same guidelines and carry the same patient financial responsibility as above for other medical conditions.

### **Non-Network Services**

Each time an out-of-network provider (physician and/or hospital) is used, the **PRO** enrollee will be charged according to the physician's or hospital's usual fees and practices. The patient is 100% responsible for the charges.

### **Preventive Care**

Services for physical examinations and routine diagnostic or preventive testing for an asymptomatic person are provided as recommended by your physician.

## **Prescription Medications**

Prescription medications are obtained from **MedAssist of Mecklenburg**. MedAssist primarily assists patients in acquiring medications for chronic illnesses but does stock a very limited supply of acute need pharmaceuticals. MedAssist does not dispense DEA controlled medications. Therefore, patients needing such medications are responsible for payment. (Please see Pharmacy Program section, Page 11.)

\*\*Prescription medications provided through MedAssist must be prescribed according to the MedAssist formulary. The formulary is available from the MedAssist website at <http://www.medassist.org/formulary.htm>

## **NOT PROVIDED AT THIS TIME**

- Prenatal care
- Cosmetic care and surgery
- Urology
- Any and all services provided outside of the assigned network

## **Interpreters**

All patients are encouraged to accept responsibility for their own interpreters. However, **PRO** staff will assist in making arrangements for an interpreter as necessary and if requested by a provider.

To request interpreter assistance, please call Physicians Reach Out at (704) 371-4740. **PRO** staff will make the needed arrangements at no charge to the patient or the physician office. **PRO** will either provide a volunteer interpreter or will pay for an interpreter supplied by an agency. When providing agency interpreters, the cost to PRO is \$50 per hour.

## **Transportation**

Bus tickets/passes are available from the **PRO** office for transportation to medical appointments.

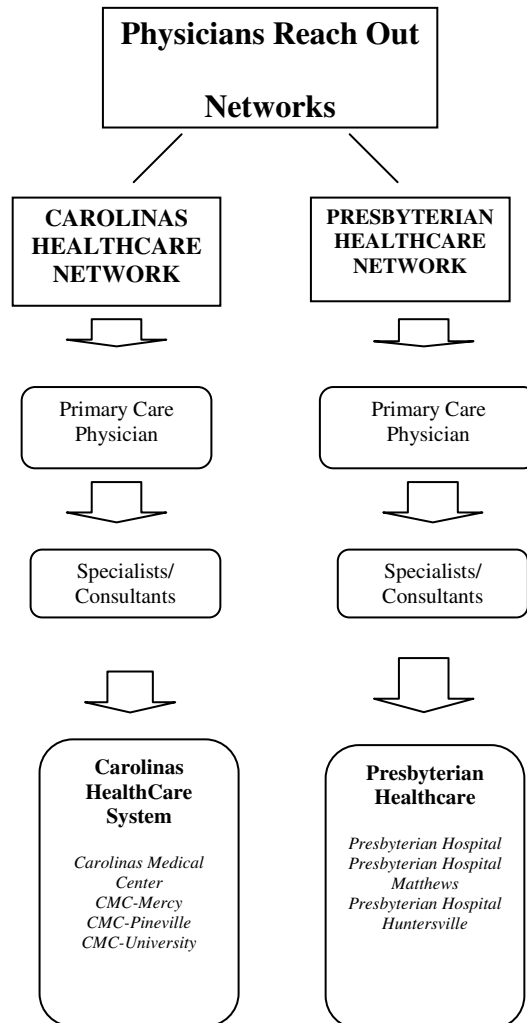
## Network Assignment

Each **PRO** patient is assigned to a healthcare network. It consists of primary care physicians, specialists, hospitals, outpatient facilities and diagnostic services. **A patient must stay within the assigned network.** At the time of approval, a primary care physician and a network will be assigned. The network will be identified on the back of the Patient Identification Card.

**If the patient receives services outside of the assigned network, then they become 100% responsible for making financial arrangements with the medical providers.**

The two networks are:

- Carolinas HealthCare System
- Presbyterian Healthcare



<b>Income Ranges as Percent of 2008 Federal HHS Poverty Guidelines</b>												
<b>Size of Family Unit</b>	<b>0% - 50%</b>		<b>51% - 100%</b>		<b>101% - 125%</b>		<b>126% - 150%</b>		<b>151% to 180%</b>		<b>181% to 200%</b>	
<b>1</b>	\$ -	\$ 5,200	\$ 5,304	\$ 10,400	\$ 10,504	\$ 13,000	\$ 13,104	\$ 15,600	\$ 15,704	\$ 18,720	\$ 18,824	\$ 20,800
<b>2</b>	\$ -	\$ 7,000	\$ 7,140	\$ 14,000	\$ 14,140	\$ 17,500	\$ 17,640	\$ 21,000	\$ 21,140	\$ 25,200	\$ 25,340	\$ 28,000
<b>3</b>	\$ -	\$ 8,800	\$ 8,976	\$ 17,600	\$ 17,776	\$ 22,000	\$ 22,176	\$ 26,400	\$ 26,576	\$ 31,680	\$ 31,856	\$ 35,200
<b>4</b>	\$ -	\$ 10,600	\$ 10,812	\$ 21,200	\$ 21,412	\$ 26,500	\$ 26,712	\$ 31,800	\$ 32,012	\$ 38,160	\$ 38,372	\$ 42,400
<b>5</b>	\$ -	\$ 12,400	\$ 12,648	\$ 24,800	\$ 25,048	\$ 31,000	\$ 31,248	\$ 37,200	\$ 37,448	\$ 44,640	\$ 44,888	\$ 49,600
<b>6</b>	\$ -	\$ 14,200	\$ 14,484	\$ 28,400	\$ 28,684	\$ 35,500	\$ 35,784	\$ 42,600	\$ 42,884	\$ 51,120	\$ 51,404	\$ 56,800
<b>7</b>	\$ -	\$ 16,000	\$ 16,320	\$ 32,000	\$ 32,320	\$ 40,000	\$ 40,320	\$ 48,000	\$ 48,320	\$ 57,600	\$ 57,920	\$ 64,000
<b>8</b>	\$ -	\$ 17,800	\$ 18,156	\$ 35,600	\$ 35,956	\$ 44,500	\$ 44,856	\$ 53,400	\$ 53,756	\$ 64,080	\$ 64,436	\$ 71,200
<b>Plan</b>	<b>H</b>		<b>K</b>		<b>L</b>		<b>M</b>		<b>N</b>		<b>P</b>	
<b>Physicians Fee</b>	<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>	
<b>Hospitalizations</b>	<b>0% of Charges Filed</b>		<b>0% of Charges Filed</b>		<b>0% of Charges Filed</b>		<b>25% of Charges Filed</b>		<b>50% of Charges Filed</b>		<b>50% of Charges Filed</b>	
<b>Emergency Department</b>	<b>\$50.00</b>		<b>\$100.00</b>		<b>\$150.00</b>		<b>\$150.00</b>		<b>\$150.00</b>		<b>\$150.00</b>	
<b>Outpatient Diagnostics</b>	<b>\$50.00</b>		<b>\$100.00</b>		<b>\$150.00</b>		<b>\$150.00</b>		<b>\$150.00</b>		<b>\$150.00</b>	
<b>Long Term Treatments (e.g. Radiation)</b>	<b>\$50 each week of therapy</b>		<b>\$100 each week of therapy</b>		<b>\$150 each week of therapy</b>		<b>\$150 each week of therapy</b>		<b>\$150 each week of therapy</b>		<b>\$150 each week of therapy</b>	
<b>Physical Therapy</b>	<b>\$5 each session</b>		<b>\$10 each session</b>		<b>\$15 each session</b>		<b>\$15 each session</b>		<b>\$15 each session</b>		<b>\$15 each session</b>	
<b>Plan</b>	<b>H</b>		<b>K</b>		<b>L</b>		<b>M</b>		<b>N</b>		<b>P</b>	

# **Pharmacy Program**

Physicians Reach Out patients must obtain prescription medications from MedAssist of Mecklenburg. See below for important information and instructions regarding MedAssist.

- PRO patients are referred to MedAssist for prescriptions. Patients must call MedAssist at (704) 536-1790 x101 to schedule an appointment for registering with MedAssist. Patients must provide the documents requested by MedAssist.
- MedAssist is located at 5516 Central Avenue, Charlotte, NC 28212.
- Prescriptions can be faxed to MedAssist at (704) 536-9812.
- MedAssist does not dispense controlled drugs, and because of this, patients are informed they will need to purchase these drugs on their own.
- MedAssist can only dispense medications listed on the MedAssist formulary, the current edition of which is available at <http://www.medassist.org/formulary.htm>. Please check periodically for updates as the MedAssist formulary changes from time to time.
- MedAssist primarily helps patients with chronic stable diseases to obtain their medications through pharmaceutical companies' patient assistance programs (PAP). The PAP application process takes up to six weeks. MedAssist may not be able to provide an immediate supply of a newly prescribed drug, whether it is for an acute episodic illness or chronic disease. MedAssist keeps only limited supplies of certain drugs in stock. If a prescribed drug is not in stock and is needed right away or before PAP medications are received (six to eight weeks), the patient may have to purchase the drug from a retail pharmacy, in which case the patient will be responsible for payment.
- Your donated sample drugs could help MedAssist keep more medications in stock. Please consider donating your unexpired samples to MedAssist. MedAssist has volunteers who can pick up donated samples at your office. They can be reached at (704) 536-1790.



# Program Evaluation Overview

Impact of the Physician's Reach Out (PRO) program is being evaluated by Dr. William Brandon, Metrolina Medical Foundation Distinguished Professor of Health Policy, Dr. Lutchmie Narine; Associate Professor and Director, Masters in Health Administration Program; and Sat Ananda Hayden, MSN, RN, doctoral student in Public Policy at UNCC. The evaluation, designed to measure the major objectives of Physician's Reach Out, has three distinct components: impact on health status of participants, impact on community services, and utilization of resources.

A major objective of the program is to improve the health care outcomes of our target population. In order to accomplish this objective, the team will use the SF12 Health Survey Questionnaire (version 2). The SF12 is a reliable and valid tool for collecting self reported measures of physical functioning and mental health. The tool has been carefully crafted and tested to decrease cultural bias in questions and response choice. Spanish and English language versions are available for **PRO** participants. Spanish language versions were prepared in accordance with the International Quality of Life Assessment (IQOLA) Project standards and are equivalent to English language versions. The tool has been cross validated for use in the international community and adopted by the Agency for Health Research and Quality (AHRQ) for data collection in the Medical Expenditure Panel Survey (MEPS). The evaluation team selected the SF12v2 for these reasons and because it is easily understood by lay persons of all educational backgrounds and requires little time to complete. Participants will be asked to complete the SF12v2 at their orientation to the program and at each recertification period while they are program participants.

Other phases of the evaluation process will include analysis of records and utilization data provided by Physicians Reach Out for each visit and hospitalization. Participating healthcare systems have agreed to provide aggregate data for analysis regarding Emergency Department use and preventable admissions. As the project progresses, more information about other evaluation components will be available. The evaluation proposal has been reviewed by the Institutional Review Boards of UNCC, Carolinas HealthCare System, and Novant Health. All three organizations have determined that we meet criteria for exempt status for waiver of informed consent and individual authorization.

## Identification Card (Example)

				<b>Pharmacy Plan:</b> For prescription medications call MedAssist of Mecklenburg at (704) 536-1790 ext. 101		
Medical Group: Coverage:		# 848484848 Individual				
To file claims submit electronically to: Payor ID 56176 For claim status visit <a href="http://www.nbausa.net">www.nbausa.net</a>				This card is for identification purposes & is not a guarantee of benefits. Physicians Reach Out is not an insurance plan.		
Name: <b>James L. Patient</b> Plan Code / ID #: <b>3100 Anywhere Blvd</b> Initial Effective Date: <b>05/01/2005</b>						
Enrollment Expiration Date: <b>04/31/2007</b>				<b>Charlotte, NC 28204</b> <b>Hospital System: Presbyterian</b>		
<b>Plan</b>	<b>Physician Charges</b>	<b>Hospital Patient Responsibility</b>	<b>Emergency Department Fee</b>	<b>Diagnostics</b>	<b>Physical Therapy</b>	<b>Long Term Treatment</b>
<b>M</b>	<b>\$0</b>	<b>25% of charges</b>	<b>\$100</b>	<b>\$150</b>	<b>\$15/session</b>	<b>\$150 each week</b>
<b>For Eligibility Verification: <a href="http://www.nbausa.net">www.nbausa.net</a></b>						

## Filing Claims

Physicians Reach Out is not an insurance company. Patient fees/charges vary by client eligibility. Each patient ID card contains information specific to the individual patient.

**\*\*Claims are filed for data analysis purposes only and NOT for reimbursement. This data is critical to PRO for program funding purposes and for outcomes analysis.**

### **Claims are filed:**

- ◆ Electronically to payor #56176 (National Benefit Administrators) or
- ◆ Free via the web site [www.nbusa.net](http://www.nbusa.net)

## Medical Claims

Claims for all physician services should be filed electronically, or if necessary on a HCFA-1500. Submit your completed 1500 with your customary charges. Filing a claim for a **PRO** patient is the same as filing a claim with a health insurance plan.

Electronic claims should be filed using payor #56176. The medical group has six plans, H, K, L, M, N, and P. The plan describes the hospital, diagnostic, and emergency room fees. There is no charge for physician services.

Manual HCFA 1500's should include the patient ID Number, Name and Group # 7250. Handwritten and typed forms should be mailed to:

National Benefits Administrators, Inc.  
P.O. Box 690903  
Charlotte, NC 28227-7016  
704-844-2966

The third party administrator, National Benefit Administrators, will process each claim and accumulate the data regarding physician contributions to Physicians Reach Out and patient utilization. The office will then receive an Explanation of Benefits (EOB) that confirms that the claim was received. EOBs may be retrieved from the NBA web site at [www.nbausa.net](http://www.nbausa.net).

The physician's office staff should take steps to make sure that the client will not be billed and that the charges are posted to an account that reflects charity care.

## Verifying Eligibility

PRO ID cards will have expiration dates. If the patient does not have his/her ID card, eligibility may be verified via the National Benefit Administrators web site, [www.nbausa.net](http://www.nbausa.net), as follows:

1. Access the National Benefit Administrators (NBA) web site at [www.nbausa.net](http://www.nbausa.net).
2. Under LOGIN, click Providers.
3. Click **New User?** In the upper right hand corner of the screen.
4. Complete the **New Account Setup** page (only need to do one time per practice).
5. You will receive an email notification with subject line “MediWeb Registration” letting you know that as soon as “credentials are validated, you will be sent a confirmation e-mail with a link to the site...”. This does not mean NBA is checking the credentials of your providers in the same way an insurance company would.
6. Within 24 hours you should receive a confirmation e-mail, which should read “Congratulations! Your credentials have been verified and you have been activated!” It will also say “Remember, your username and password are the same as you typed in during registration. Please log in now.” NOTE: In some cases you may be required to change the password you created at registration.
7. Each practice can create as many log-ins as needed.
8. Log in at the **[www.nbausa.net](http://www.nbausa.net)** website.
9. Enter patient PRO ID or Social Security number.
10. If patient is active with PRO, the patient’s information should appear on your screen and show, among other information, the expiration date of enrollment with PRO. Always check expiration date of “coverage”.

## Claims Inquiries

- Resubmit lost/missing claims through NBA.
- For questions relating to filing of a claim, contact NBA at 704-844-2966.

## Referrals

**PRO** is a limited access program. For all referrals it is required that the **PRO** office receive a referral request

- (1) By fax on the appropriate **PRO** referral form, or
- (2) Electronically through the online MedData system

from a Primary Care Physician (PCP) to a Specialist or from a Specialist to another Specialist. The PRO office will assign a physician specialist who is in the same healthcare network as the referring physician. The two networks are: (1) Presbyterian Healthcare and (2) Carolinas HealthCare System. The current version of the PRO referral form is available on our website at:

<http://www.meckmed.org/projectaccess.html>

**Hard copy referral forms should be faxed to the PRO office at 704-943-3747.**

### I. Referrals to Specialists for Currently Enrolled PRO Patients

- Make referral through MedData, referring to Physicians Reach Out as a facility. All specialty referrals must go through **PRO**. OR –
- Please complete the hard copy referral form disregarding Section 2, and fax it to the **PRO** office at 704-943-3747. Please check the PRO web site (<http://www.meckmed.org/projectaccess.html>) for the most current version of the form.
- The referring physician's office will receive a faxed confirmation of the first appointment scheduled for the patient. Subsequent appointments are to be scheduled by the patient and specialty office.

**\*\*\*PRO cannot assign specialists on an emergency basis.**

### II. Referring Established Practice Patients for Enrollment in PRO

**When you want to refer one of your established patients for enrollment with PRO**

- Please have your patient call 704-371-4740 to find out about the next Community Orientation to learn about the enrollment process and receive and application for PRO.

\*\* Please note that each referral accepted by the specialist is for the evaluation and treatment of one problem/illness. Once the specialist writes a plan of care for the patient, the patient should continue management of the problem with his/her PCP.

Contact Information

**Physicians Reach Out**

**Mecklenburg County Medical Society**

1112 Harding Place, Suite 200  
Charlotte, NC 28204

704-376-3688

***Byron Grimmert***  
*Director Physicians Reach Out*

704-376-8007

***Raquel Scharkopf***  
*Administrative Assistant, PRO*

704-376-8007

***Sherry Kirkpatrick***  
*Physician Recruiter*

704-376-8007

**Physicians Reach Out**

601 E. Fifth Street, Suite 150  
Charlotte, NC 28202

704-371-4740

**Office Staff**

***Denise Logan***  
*Operations Manager*

704-248-3716

***Maicel Rabel***  
*Patient Services Coordinator*

704-248-3702

Jeannette Barber  
*Patient Services Coordinator*

704-248-3703

***Susana Dalton***  
*Patient Services Coordinator*

704-248-3706

***Lola Delgado***  
*Patient Services Assistant*

704-248-3726