



Access Plan

Family HealthCare's Access Plan provides a way for families to have access to quality medical, dental and prescription services. Qualification is determined by your household size and income. Access Plan covers most services provided at Family HealthCare by Family HealthCare providers.

You will be responsible for an office visit fee at the time of your visit and in most cases, this will be the only charge for the services you receive. If you require a service that is not covered or discounted by Access Plan, we will do our best to notify you before the service.

Can I have the Access Plan as secondary coverage?

Yes, if you meet eligibility requirements for Access Plan you can use the plan as a secondary/tertiary carrier. We will send the claim to your primary insurance first and if there is a patient responsibility when returned, we will apply the Access Plan discount.

Does Access Plan qualify as a credited insurance plan through the Affordable Care Act?

No, Access Plan is only available at Family HealthCare.

Application and Eligibility Requirements

Everyone is welcome at Family HealthCare. Access Plan is good for twelve months at a time. You will have **10 business days** to provide all required information to Family HealthCare to qualify for twelve months. After 10 business days, if required information is not provided, you will be responsible for the entire fee of your appointments. You are responsible for updating any change in household size, status, income level and other insurance coverage throughout your Access Plan. Failure to do so will be considered fraud resulting in self-pay status and future ineligibility from Access Plan.

To qualify for Family HealthCare's Access Plan, you must complete the following steps:

- 1.** Provide demographic information including household size, income, and living situation. Based on the information you provide, Family HealthCare staff will help you through the Access Plan process and evaluate if you qualify for one year.
- 2.** Meet with a Family HealthCare Enrollment Specialist to discuss health coverage options and what you may be eligible for. *You will be required to sign a letter stating you met with staff and understand all of your options* With the Enrollment Team, you will complete application and provide income information for each household member 18 years and older.

Acceptable forms of verification of income include:

- a. Most recent pay documents: If paid monthly-one paystub, if paid every two weeks-two paystubs, if paid every week-four paystubs.
- b. Most recently filed tax return, W-2s, 1099s or other tax related documents. Tax documents from the previous accepted year will continue to be accepted until June of the current year. For example, tax documents from 2016 will be accepted until June of 2018. Non-taxable social security will be counted in tax amount. (Schedule appointment by calling 1-844-545-5640)
- c. Social Security benefit letter (available at Social Security office)
- d. Unemployment benefit letter (available at Job Services)
- e. Immigration forms stating income for non-American residents (I-20 or J1)
- f. Household's statement of income from Lutheran Social Services
- g. Disability Benefit Letter
- h. Pension/retirement statements
- i. Profit/loss statement for self-employment
- j. Other documentation proving income source from third party
- k. Self-declaration at the discretion of management

Acceptable forms of non-income include:

- a. A brief letter from a case worker stating patient has zero income. The letter must be on the organization's letterhead and contain signature, date, telephone number, and address of the case manager writing the letter.
- b. A brief letter from previous employer stating patient is no longer employed within the last 30 days. The letter must be on the organization's letterhead and contain signature, date, telephone number, and address of the employer.
- c. Federal Income Tax Forms
- d. Unemployment eligibility letter
- e. Self-declaration at the discretion of management

Services and Office Visit Fees

You will be responsible for an office visit fee at each Family HealthCare appointment. If your medical or dental provider recommends services that are partially covered or excluded, Family HealthCare will give you a pre-estimate form explaining the costs you will incur if the service is not the same day. **Your income must be within established Federal Poverty Income Guidelines based on household size. Federal Poverty Income Guidelines are updated annually.**

Access Plan Level	Access Plan Office Visit Fees		
Level 1:	Medical: \$25	Dental: \$35	Homeless Health: \$3
Level 2:	Medical: \$30	Dental: \$45	Homeless Health: \$3
Level 3:	Medical: \$35	Dental: \$55	Homeless Health: \$3
Level 4:	Medical: \$40	Dental: \$65	Homeless Health: \$3

No nominal fee for Pharm D, lab only, nurse only visits, or physical therapy

- **Lab Fees:** Family HealthCare is not always able to analyze every lab that is required; some lab services that are sent outside of Family HealthCare are not eligible for a discount under our Access Plan. Please contact our billing office for a complete list of these services.
- **Pharmacy:** Family HealthCare has an NDSU-owned pharmacy which serves only Family HealthCare patients. Our pharmacy will provide discounts to patients with Access Plan as primary coverage; however, Access Plan cannot be used as a secondary discount. Your prescription costs are based on the cost of the medication. It also may vary depending on your Access Plan status. You may also qualify for patient assistance programs through the pharmacy. Outside prescriptions may be filled at the pharmacy only if you were referred by a Family HealthCare provider to specialty care.
- **Outside Referrals:** Family HealthCare may provide outside referrals to Sanford Health for services not provided by Family HealthCare. If you are fully enrolled in Access Plan your first Sanford visit may be discounted. An office visit fee is required at the time of your appointment and Sanford will give you a percentage discount for the first visit. You may receive up to three bills asking for the full office visit payment. After the third bill, discounts for Access Plan should be applied and you will be responsible to pay the reduced balance. If you have not received discounts after the third bill, contact Sanford Health Billing Department and they will investigate. Any follow up appointments will not be discounted by Access Plan and you are encouraged to apply for Sanford's Financial Assistance Program. Should the specialist you see refer you to another department within Sanford, you will need to contact your Primary Care Provider at Family HealthCare to obtain a new referral for the new specialty. Access Plan only applies to Sanford Health referrals.

Resources

- **IRS Office**

657 North 2nd Avenue
Federal Building
Fargo, ND 58102
701-232-4710

Hours: Mon- Fri 8:30am-4:30pm

To access your tax information online, use: <http://www.irs.gov/uac/About-Form-4506T>

- **Social Security Office**

657 North 2nd Avenue
Federal Building
Fargo, ND 58102
1-877-335-4114

Hours: Mon, Tues 9am-3pm; Wed 9am-12pm; Thurs, Fri 9am-3pm

- **Family HealthCare After Hours**

- **If you are experiencing a medical emergency, please dial 9-1-1.**

- For non-emergency medical attention, please call 701-234-6000 and ask for Family HealthCare's medical provider on-call