Physicians Free Clinic
Voluntary Care Network

431 E. Broad Street
Columbus, OH 43215
614-884-2441 Fax: 614-884-0123
www.goodhealthcolumbus.org

VOLUNTEER APPLICATION

The Physicians Free Clinic and the Voluntary Care Network help provide medical care to uninsured Columbus residents with incomes up to 200% of the federal poverty level who are not eligible for public insurance. Please fill out this form so that we can be efficient in our communication and feedback process. Thank you!

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.
- Also 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 pledges 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-10PM.
- 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
_____ Columbus Children's
_____ Mount Carmel East
_____ Mount Carmel West
_____ Mount Carmel St. Ann's
_____ Riverside Methodist
_____ Grant Medical Center
_____ Doctors Hospital
_____ OSU Medical Center
_____ 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 Isi Ikharebha if you have questions or comments (614-884-2441) or iikhare@goodhealthcolumbus.org.

Please return your completed application via fax (614-884-0123)
or mail to: Physicians Free Clinic/Voluntary Care Network, 431 E. Broad St.., Columbus, OH 43215