



Memorandum of Understanding

This Memorandum of Understanding is made and will be effective on the _____ day of

_____, 20 ____.

BETWEEN

AND

PROJECT ACCESS HOWARD COUNTY

Project Access Howard County provides assistance to patients to receive access to health care. This assistance may include: a primary physician or a clinic for little or no cost to the patient; assistance with filling out paperwork for possible health insurance programs available in our State.

In helping the patient gain access to health care, Project Access expects the patient to follow up as recommended with the insurance companies to know if they receive coverage or why they didn't receive coverage. Due to these issues being time sensitive the patient will need to follow up on their applications for health care. This is the patient's responsibility and failure to be cooperative in this area could lead to dismissal from our program at Project Access.

A lack of effort from the patient may include, but not be limited to the following:

- 1. Not paying for health insurance for which the patient has been accepted.***
- 2. Not accepting health insurance for which the patient has been accepted.***
- 3. Intentionally not filling out paperwork required to receive health insurance.***
- 4. Not attempting to receive further education.***
- 5. Any denial from the patient of an opportunity that would further his or her ability to, in any way, to receive health care.***

Signature

Date