



CONSULT REQUEST

Phone: 205-202-1598
FAX: 205-838-6294
E-mail: alprojectaccess@ascension.org
Website: <http://jcprojectaccess.org>

Provider Name: _____ NPI#: _____

Referring Clinic: _____

Phone: _____ Fax: _____

Patient Name: _____

DOB: _____ Sex: Male Female

Phone: _____ Social Security #: _____

Type of Specialty or Ancillary Care being requested: _____

Reason for Referral & Procedure/Treatment requested: _____

***Please be sure to provide**
(Condensed Version)

- 1.) Physician Referral Order
- 2.) Imaging/Labs/Diagnostics Relevant to Referral
- 3.) Patient Demographic Page

Number of visits requested by referring provider: _____

Provider Signature: _____ Date: _____

Please fax or e-mail to Project Access: (205) 838-6294 | alprojectaccess@ascension.org

Project Access Use Only:

Specialist Name: _____ Appointment Date: _____

Location: _____

Phone: _____ Fax: _____ Expected Co-pay Fee: _____

Interpreter requested: Y N Preferred Language: _____

Interpreter confirmation date: _____

Patient informed of appointment date, transportation needed (Y/N) and special instructions:

_____ (initial & date)

Special instructions prior to appointment: _____

Project Access is a Population Health Coalition Program of Ascension St. Vincent's Health System and UAB Health. This physician driven, community-wide program is designed to link uninsured and underserved indigent patients to specialty care, diagnostic services, and free or low-cost medication. These services are provided by volunteer physicians and through partnerships with local hospitals and clinics.