



CITY OF PHILADELPHIA

**DEPARTMENT OF PUBLIC HEALTH
AMBULATORY HEALTH SERVICES**
500 South Broad Street, Suite 360
Philadelphia, Pennsylvania 19146
PHONE: 215-685-6406

JOHN F. DOMZALSKI
Health Commissioner
SUSAN PINGREE
Director

3/15/04

Dear Health Care Center Patient:

Welcome!

The City of Philadelphia, through its eight health care centers, provides health care for people who live in Philadelphia. You can use a health care center if you do not have insurance, or if you have chosen a health care center doctor through your insurance program.

You need to show that you live in Philadelphia to get care. You can bring one of the things on this list **as long as it has your name and address on it:**

- ✓ Pennsylvania driver's license
- ✓ Pennsylvania state issued non-driver's license ID
- ✓ **Any** photo ID which includes your name and address
- ✓ Passport with your name and address
- ✓ Immigration visa with your name and address
- ✓ Utility bill with your name and address
- ✓ Rent receipt with your name and address
- ✓ Philadelphia library card with your name
- ✓ Lease or mortgage with your name
- ✓ A letter from a government agency, social service or faith-based organization or other community-based organization, on their letterhead verifying your address.

You do not have to show a Social Security card or a photo ID if you do not have one.

You have the right to talk to a doctor or nurse about your health problem before you leave, even if you cannot show that you live in Philadelphia. The doctor or nurse will decide whether you need to be seen that day. The next time you come to the health care center, you will have to bring proof that you live in Philadelphia.

If you have any questions, please ask to speak to the Center Director or the Health Care Coordinator.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Susan Pingree".

Susan Pingree
Director of Ambulatory Health Services

I have reviewed this letter. On my next visit, I will bring one of the items listed above that has my name and address on it.

Patient's Name _____

Today's Date _____