



ARCW

AIDS RESOURCE CENTER OF WISCONSIN

Excellence in HIV Health Care

MEDICAL

HOME

Welcome to the ARCW Medical Home!

Our Medical Home is a nationally-recognized model for providing health care that puts you, the patient, at the center. ARCW is proud to offer our patients this special program, the first of its kind in the state.

Here is what our Medical Home will offer you:

- Expert HIV and regular care in one visit
- A dedicated care team working together to meet all of your health needs: medical, dental, behavioral health, pharmacy, case management and social services.
- Your own “Care Coordinator” who will serve as your guide and contact person helping arrange the care you need.
- A customized care plan designed to meet both current health concerns and support future wellness.
- Active participation in your care team, giving you control over your health decisions.

Please keep this brochure for your records.





What is your role?

1. Keep all of your medical appointments. Call if you cannot make a scheduled appointment.
2. If you go to the hospital or urgent care, make sure your Care Coordinator is contacted.
3. Try to get all of your medications at one pharmacy.
4. Let your care team know about any changes in your health or medications.
5. Respond quickly when a team member contacts you.
6. Let us know about any phone number, address or insurance changes.
7. If you have Medicaid coverage, complete your Medicaid reviews if required by the state to maintain eligibility.
8. If you cannot get care when you need it let someone on your care team know.
9. Read any communications you receive from your insurance company or the State of Wisconsin and share them with your care team.



Your Medical Home membership card

- Please keep this card with your Medicaid, Medicare or insurance cards.
- If you are hospitalized or go to an emergency room please present this card to medical staff there.
- Bring this card to all ARCW appointments.
- Please contact your care team to replace this card if it gets lost.

Medical Home Membership Card

Name: _____
 DOB: _____
 PCP: _____
 Care Coordinator: _____
 Pharmacy: _____

My Care Team:



Care Coordinator:

Medical Provider (PCP):

Nurse:

Pharmacist:

Behavioral Health Provider:

Dental Provider:

Contact Information:



My Care Coordinator:

_____ | _____

Name

Phone #

ARCW Milwaukee and Kenosha Clinics:

PH: **414.223.6800** FAX: **414.225.1628**

ARCW Green Bay Clinic:

PH: **920.437.7400** FAX: **920.437.1040**

Our VISION:

The AIDS Resource Center of Wisconsin envisions a world without AIDS and strives to assure that everyone with HIV disease will live a long and healthy life.

Our MISSION:

The AIDS Resource Center of Wisconsin is at the forefront of HIV prevention, care and treatment and is dedicated to providing quality medical, dental, mental health and social services for all people with HIV disease.

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arcw.org • 1.800.359.9272

To Treating Provider:

This patient is part of a medical home. Please contact PCP or Care Coordinator for transitional issues. Patient may be part of EPIC Care Everywhere. (Search under OCHIN)

24-Hour Contact:

Milwaukee/Kenosha:

PH: **414.223.6800**

FAX: **414.225.1628**

Green Bay:

PH: **920.437.7400**

FAX: **920.437.1040**

