



Office Guide



PCP Name _____

Phone _____

Email _____

Bring these to all appointments: _____

Prescriptions

Your pharmacy location _____

Phone _____

Your mail order pharmacy name and address

Fax _____

For prescription refills contact _____

If you have questions about your medicines, call

Your Health Insurance

Plan name _____

Your member number _____

Questions about your insurance or coverage, contact:

Other health insurance information _____

After-hours Care: If you need to contact a member of your care team when the office is closed:

If you go to an urgent care center or the emergency room, please tell a member of your care team about it so we can help with any follow-up care.



Office Guide



Neponset Health Center

393 Neponset Avenue, Dorchester, MA 02122

www.hhsi.us

Appointments

Phone

Names of other members of your care team

Phone

Email

The color of your care team is:

To schedule

For regular
& well visits

For referrals

For sick visits

Labs and other medical tests

A care team member will contact you to discuss your test results and what happens next, or to contact the team:
