



Access Health

"Corporate Health Improved"

Affordable Community Based Health Model

Corporate Healthcare Benefits Cards
for
Our Corporate Partners

3816 HIGHWAY 17 SOUTH
NORTH MYRTLE BEACH, SC 29582
843-272-1411 FAX 843-272-2130



Access Health

Uninsured Employer Program

We offer on-site: Lab, EKG, Minor Surgery/Laceration Repair, Skin Lesion removals, Injections, Breathing Treatments, ect.
Our outside lab is Lab Corporation of America

Costs for visits range from 30.00-95.00
x-rays (at a satellite facility) 70.00
labs ranging from 10.00-50.00
(specialty labs may vary in costs)
Injections 10.00-40.00
(Vaccines costs can vary)
Procedures 10.00-50.00

Laceration repairs and Skin Lesion removals vary depending on site and size
This program is designed for those employees and their immediate family members that do not have insurance coverage and belong to one of our Business Partners.

Your account can be set up to fit your needs. If you have any special request, please let us know. If any information should change please contact our office immediately.

We ask that the employees call and schedule an appointment 843-272-1411 (please specify that you are scheduling with Access Health)

Your Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____ Contact
Person: _____ Phone: _____ Cell: _____
Fax: _____

Special Request: _____
Email Address: _____
Number of Employees: _____
Membership Fee: _____



Access Health

As a Business Partner, your employees get the benefit of discounted rates. Your employees will be responsible for their bill at time of service. If you choose to reimburse your employee for their care you may do so...

By signing up you agree to send your employees to Access Medical Center at 3816 Highway 17 South, North Myrtle Beach for the care they need with transparent pricing!

Access Medical Center agrees to see your employees who present their membership card and provide medical treatment and care to them and their families as discussed in the paragraph above.

I authorize Access Medical Center to provide medical care to our employees.

Signature of authorizing

Representative: _____ Date _____

Access Medical Center Representative: _____ Date _____