

HEALTH CARE CONSUMER

Summer

Newsletter of the Champaign County Health Care Consumers

1996

Residents Respond to Clinic Closing in Sidney

Covenant Medical Center's recent decision to close one of the clinics in the Covenant Family Care Network has elicited many grievances among long-time patients. Located in the Village of Sidney, the office was scheduled to close July 1, 1996, two years after Covenant purchased the clinic from retired physician Dr. Martin Koeck. CCHCC began looking into the issue after several Hotline complaints.

Many of Sidney's 1000 residents, as well as those outside the township, have been served by the clinic since 1950, when Dr. Koeck first established his practice. In 1994, Dr. Koeck attempted to recruit an independent

physician in order to replace himself after retirement. He remembers feeling relief over the sale of his practice to Covenant, because during the negotiations Covenant indicated their interest in maintaining the current level and quality of services.

According to residents, however, this has not been the result. When contacted by CCHCC, a Covenant representative stated that the hospital was unable to find a qualified physician to staff the clinic. However, former patients claim that both Dr. Michael Bisgrove and Dr. Saif Cheema, physicians who worked at the Sidney clinic in the past year and

In This Issue:

Advocate's Advice	3
Senior Watch	5
Volunteer Profile	6
Affinity Fund	8

a half, were satisfied working in Sidney. Both physicians were assigned to work at other sites within the Covenant Family Care Network before Dr. Bisgrove resigned in March of 1996, and Dr. Cheema was permanently placed in Monticello.

On June 10, CCHCC helped residents organize a meeting among local leaders, including Dr. Koeck, to discuss the impact of the closing and

Continued on page 3



Coalition volunteers Claudia Lennhoff and Parick Oray meet about the Speakers Bureau Training to be held in August. Call Patrick at 352-6533 for more information.

Friends of Public Health Petition Drive Underway

The Friends of Public Health are well on their way to securing the public health referendum on the November ballot. Hundreds of volunteers have donated their time to collect signatures calling for a county-wide vote on a public health service. People are collecting signatures at home, work, church, parties, fairs, and more. Friends of Public Health has collected signatures at a Fisher senior meeting, a Sidney community group, and a Mahomet festival.

"People have been eager to sign the petition and to support the campaign in any way possible," said Ruth Wyman, a Friends of Public Health Volunteer. Wyman is a field manager for the largest organized effort to collect petition signatures -- Friends of Public Health's volunteer door to door campaign.

The door to door effort has collected signatures in Rantoul, Sidney, Homer, Fisher, Pesotum, Philo, Savoy, St. Joseph, Tolono, Thomasboro, and Champaign/Urbana.

Continued on page 6

Health Care Consumer

is published quarterly by the
Champaign County Health Care
Consumers, a grassroots
not-for-profit organization
dedicated to ensuring accessible,
affordable health care for all.

44 E. Main, Suite 208
Champaign, IL 61820
(217) 352-6533
(fax) 352-9745

BOARD OF DIRECTORS:

Chuck Segard, Chair
Judith Jepsen-Popel,
Vice Chair
Lilia Peters Secretary
Mike Doyle, Treasurer
Gary Adelman
Lloyd Carter
Phyllis Clark
Judy Davis
Regina Galer-Unti
Cleveland Jefferson
Daniel Lentz
Esther Patt
Julian Rappaport
Don Robinson
Judy Stoll
Mamie Smith

STAFF, INTERNS, & VOLUNTEERS:

Nancy Greenwalt
Executive Director

Ruth Baker
Virginia Box
Lisa Hadler-Lindell
Eugenia Hilligoss
Patrick Oray
Hilda Powell
Renee Pazdan
Mike Rader
Alisa Simon
Belinda Summers
Lavina Velasco

Kevin Sandefur, Editor

Contributors:
Lynn Crandall

Preliminary Findings Worse Than Expected DPR Investigation Begins

The Department of Professional Regulation's (DPR) mission is "...to serve, safeguard, and promote the public welfare." DPR is responsible for monitoring and disciplining doctors. Thanks to the involvement of consumers pressuring legislators, a full investigation of DPR is underway.

Preliminary findings have shown that the DPR situation may be far worse than anyone imagined. In their biannual financial and compliance audit, the Illinois Auditor General's office found glaring incompetence in DPR's enforcement process and uncovered a number of "excessive delays" involving the investigation of complaints against physicians. According to the report's findings:

- * -- 12 of 25 medical cases reflected excessive time delays, ranging from 30 to 490 days between receipt of a complaint and the date of the first follow-up activity;
- * -- 14 of 16 medical cases referred for investigation had excessive periods of inactivity, ranging from 30 to 265 days;
- * -- 6 of 11 medical cases referred for prosecution had periods of no substantial activity, ranging from 60 to 305 days.

Other examples of negligence and mismanagement include the loss of 2 case files by an attorney for over 2 months, the collection of only 2.5% of the fines owed to the department during Fiscal Year 1995, and multiple errors in their system's database of disciplinary orders, such as missing due dates, incorrect respondent names and license numbers, and inaccurate reporting of probation and suspension periods.

The report also "noted that in some cases the statute of limitations date had passed before prosecutorial activity was initiated."

The Auditor General concluded that "The Department has a responsibility to expeditiously discipline licensees who violate the governing regulations to prevent further harm to the public. Inadequate management of the enforcement process places the public at risk to licensees who are not fulfilling their professional responsibilities."

To gauge the local consumers' response to the DPR situation, the Health Care Consumers mailed a survey to over 2,000 CCHCC members. The survey results show that consumers throughout Champaign County strongly believe that doctors should be subject to more stringent disciplining procedures.

For example, 96% responded that the State should establish a toll-free number for reporting bad doctors and checking physicians' history, 92% believed consumer representatives should have a vote on the Medical Review Board, and 90% thought that six to twelve months was a reasonable amount of time for DPR to complete an investigation and take action.

The five most serious violations of the Medical Practices Act were reported as Gross Negligence, Unethical Conduct, Practicing without a License, Violation of Confidentiality, and Deceitful Billing. Of these violations, all except Violation of Confidentiality were deemed as deserving of mandatory discipline, and 27% of respondents believed that Gross Negligence should be punished by mandatory loss of license. Finally, 73% agreed that patients should be automatically notified when their doctors are sanctioned by DPR.

More dangerous, however, is the Department's inadequate enforcement of probation requirements. Not only are a significant number of licensees on probation not monitored, but many which are monitored are not penalized for violations of their license probation.

Advocate's Advice

Offering consumers assistance with health-related problems is the function of the Consumer Health Hotline. The Advocate's Advice column shares common questions and their solutions.

Choosing a Physician

Choosing a doctor was once an easy matter. A local community might have had only a few doctors from which to choose; or your family had a physician or clinic with which you had a long-standing relationship; you took the advice of friends, family, or colleagues; or, in an emergency you hunted up a name in the phone book. There was a time when most doctors acted as general practitioners, and only rarely did the consumer have contact with a specialist. In the *Consumer's Medical Desk Reference*, the staff of the Peoples' Medical Society writes:

Kindly Marcus Welby, the popular representation of an old-time general practitioner, or G.P., was a man who moved confidently from examining room to operating room to his patients' living rooms as he cared for entire families. But that warm and glowing picture began to change by the late 1950's with the decline of general practice. (p. 143).

Now the wide range of options available to consumers when choosing a doctor make the process a bit more difficult. With this, as with any consumer decision, asking the right questions, and knowing who to ask, can be invaluable.

The first place one might want to look in finding a family practice or primary care physician -- as well as when looking for specialists -- is the local medical society. In many communities, local medical societies will only refer to members of the society. Yet, for this and other reasons, most doctors in a community will join the local medical society. A medical society can often give the consumer information concerning a doctor's education, qualifications, specialty training, and any board certifications the doctor may hold. The **Champaign County Medical Society (CCMS)** can be reached at 359-9195. They also offer information via Prairienet. By typing "go ccms" at any "your choice" command, the consumer can reach their home page, which offers a full listing of member physicians, including their education and certifications, arranged by specialty.

Hospitals and medical centers also often run referral services. Because these are run by the hospitals themselves, they serve to steer consumers toward doctors on staff at the sponsoring medical center. The amount of information one receives from such referral services differs from hospital to hospital, with many giving little or no information as to a doctor's education and qualifications, except to mention board certifications.

A frequently overlooked source of information is the company personnel office. Companies often make use of physicians for employment physicals and to handle disability claims. Thus, these offices can at least give information on those physicians with whom they've had contact.

Health insurance companies can also provide insight into local doctors. These are most helpful when seeking a specialist to provide a second opinion, but can also aid in the search for a primary physician.

Senior centers sometimes have lists of doctors whom they recommend. They can also be good sources of "word of mouth" information, gathered from the experience of local seniors.

Physician advertising can also be a source of data about doctors. Obviously, there are CAVEATS to be considered when reading newspaper or yellow page advertising. For instance, doctors can advertise as being qualified in any specialty, regardless of the amount of training he or she has had. To find a specifically trained doctor, look for a statement that the physician is board certified.

Finally, don't overlook the advice of those you respect -- family, friends, and colleagues. If you are leaving your current physician because he or she is moving or retiring, look for guidance from that doctor in selecting a new one.

CCHCC, while unable to give referrals to specific doctors, can help consumers in finding sources of information, and in considering what questions to ask in selecting appropriate care. Call our Hotline at 352-6533.

Sidney Clinic

from page 1

the future of health care in Sidney. Although many patients have already been reassigned to new doctors, the people of Sidney want the clinic to remain open, even if only part-time.

Those attending the meeting talked about what the closing will mean. Transportation for seniors and some young families will be difficult. The closing is particularly a concern considering that Champaign County is the largest of eight counties in the state of Illinois that does not provide county-wide public health services. Some residents also believe that the clinic closing will have an adverse impact on businesses in Sidney.

Former patients also shared frustrations over what they saw as the mismanagement of the Network over the past year, and the sudden closing. Attendees were unanimous that they "were happy with Dr. Bisgrove and it seemed that he was happy in Sidney." However, they discussed experiences of anxiety and confusion from the shuffling of doctors throughout the network, intermittent and interrupted care, and inadequate communication on the part of Covenant.

"I was led to believe that we would finally have a full-time doctor when Dr. Cheema arrived," explained one woman. "I still have his business card which has the Sidney office and number printed on it. I don't understand why he had to leave."

"I am afraid to continue care with Covenant because I don't know what they will do next," another responded.

Dr. Koeck believes Covenant is a good hospital, but questions the management of the clinic. CCHCC has received complaints from patients who were concerned about the shuffling and absence of doctors, the status of their medical records, and Covenant's management. One patient who never received a letter about the closing said, "I got the impression that Covenant didn't care about us."

As this goes to the press, residents will be holding a meeting at the community center in Sidney on July 8 to discuss what can be done to keep the clinic open. For more info, call Lavina Velasco at 352-6533.

Changes in Prescription Drug Coverage Coming to Champaign County Health Alliance Industry Reform Calling for Drug Substitution

Most consumers are familiar with the use of generic substitutions for brand name pharmaceuticals as a way of cutting prescription drug costs. But Health Alliance (formerly Carle Care) will soon be moving to a newer form of cost cutting program for its prescription drug users. The new system, known as Select Formulary, will begin January 1, 1997, and CCHCC is working to help consumers be fully informed about the program before it begins. According to information received from Health Alliance, this way of handling prescriptions and attempting to control cost is the wave of the future. Half of all health maintenance organizations (HMOs) are currently making use of some type of formulary system.

Health Alliance members received a letter, signed by Kathleen Shoemaker, Rph, MBA, Pharmacy Director for Health Alliance, regarding the programs. The letter gives a basic description of the two plans: Generic Substitution, which takes effect July 1, 1996; and Select Formulary (the more worrisome of the pair) which goes into effect January 1, 1997. It is extremely important that consumers stay informed about these programs, especially Select Formulary, and that they be familiar with how the switch will affect the availability of medications.

Generic Substitution is commonly used among HMOs and managed care plans. Many consumers have encouraged their physicians to make use of generic equivalents, when they are available, for brand-name medications. This can save the consumer money, and most generic equivalents approximate the effectiveness of the brand-name drugs.

The Health Alliance program would mandate that Health Alliance related pharmacies dispense generic drugs in place of brand-name

medications, whenever available. According to the letter sent to Health Alliance members, "if a brand-name drug is dispensed at your request or the request of your physician, you will be required to pay the difference between the cost of the brand and the cost of the generic in addition to the copay, unless your physician has prior approval from a Health Alliance Medical Director."

It is important for Health Alliance members to note the briefly stated exception quoted above. That is, members concerned about being switched to a generic medication should begin discussing their needs with their physicians as soon as possible, so that doctors can begin the process of communicating with Health Alliance Medical Directors. Requests for review of prescriptions will be handled by a Pharmacy and Therapeutics Committee, made up of 7 practicing physicians and 2 pharmacists. According to a Health Alliance spokesperson, physicians are able to request the use of brand name medications, and such requests will be handled by the committee with a response guaranteed within 24 hours. For most, this program poses little

concern. In rare cases, filler and other substances used in generics may trigger allergies or other reactions not caused by brand-name drugs. Consumers should share any concerns with their physicians now.

Generic Substitution is only the first step in the process of pharmacy management being enacted by Health Alliance. The second step, which consumers need to be informed about, is the Select Formulary. Under this system, doctors not only will be asked to prescribe generic equivalents for brand-name medications, but also may be encouraged to switch to a different but similar drug.

Unlike Generic Substitution, Select Formulary does not guarantee that a prescribed medication will be the equivalent of the brand-name form. That is, Select Formulary may cause a doctor to use a medication of the same drug class, but not necessarily its equivalent. It stands to reason that Select Formulary would come into play when doctors want to prescribe brand-name medications for which no generic equivalent is available. The information provided to plan members strongly implies that the purpose of Select Formulary is to avoid brand-name drugs whenever possible, in order to control costs.

There are two basic components of Select Formulary which consumers need to be aware of. According to the letter, the Pharmacy and Therapeutics Committee will "use strict criteria to weed out costly duplicate preparations" from a list of drugs covered by Health Alliance. The Select Formulary system applies to five key drug classes, such as oral antibiotics, which offer multiple options for the same treatment. Within these five classes, doctors will only be able to prescribe medications from the list. The letter further

MEDICATION ALERT!

STUDIES SHOW that up to 1/3 of hospital and 1/2 of nursing home admissions of persons over age 65 are due to adverse reaction to their medications. One study found that when two or more drugs are prescribed, the potential for adverse reaction is about 6%. This potential increases to 50% when five drugs are used, and 100% with eight or more drugs.

If you would like more information on prescriptions you are currently taking, call the Champaign County Health Care Consumer's **PRESCRIPTION MEDICATION ADVISORY LINE** at 217/352-6533.

We will provide you with the information you need to know.

The Prescription Medication Advisory Line is sponsored by CCHCC's Senior Citizen Task Force.

ampaign County bstitutions

states, "if your current medication is not on this list, your primary care physician will be asked to review the prescription and switch it to an equivalent drug from the Select Formulary list, if medically appropriate."

Another component of Select Formulary to note is that there will be consequences for using brand-name medications when other medications are available on the list. Again, the information from Health Alliance states, "However, if you choose to continue with a drug for which there is an approved alternative on the Select Formulary, you will be responsible for the entire cost of the drug. Your prescription copayment applies to Formulary-approved drugs ONLY."

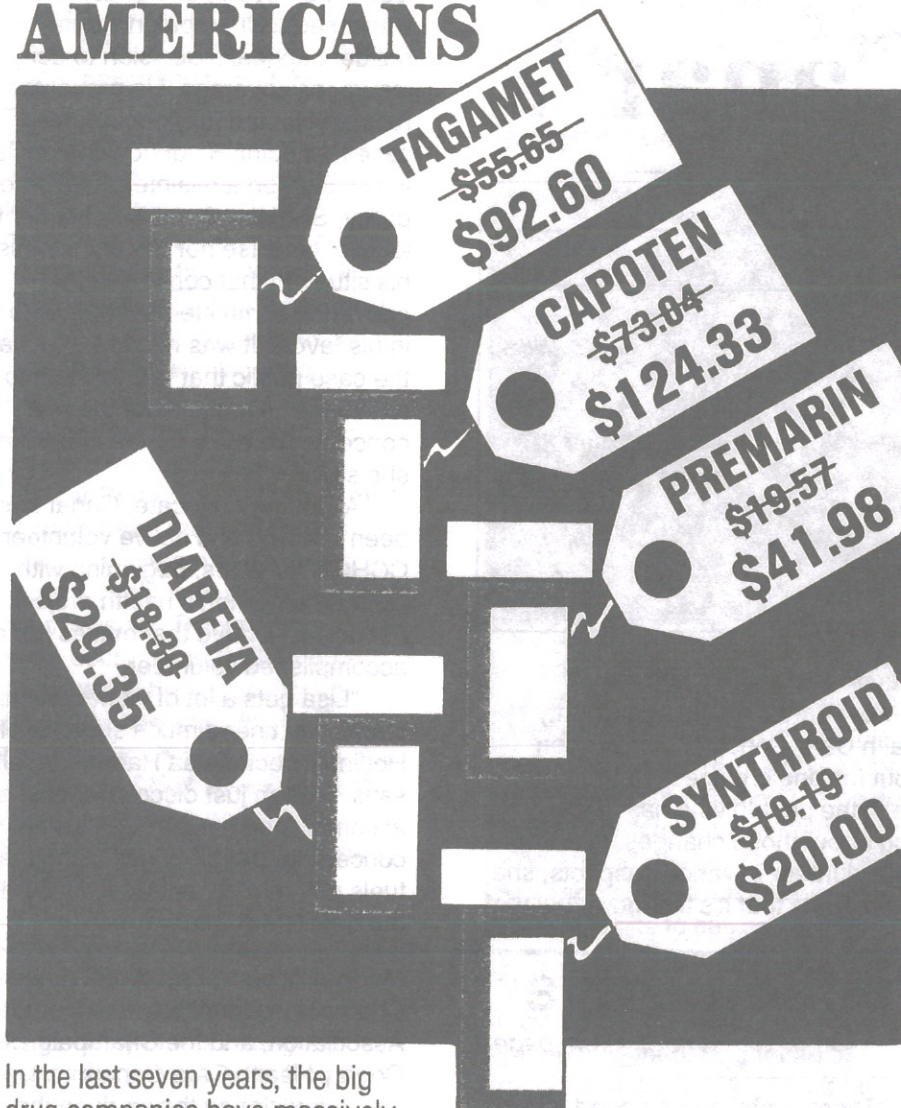
Please note that, according to the letter, the medications substituted are to be "medically appropriate" for treatment of the patient's condition. Consumers should discuss the proper use of medications with their physicians and the reasons for changes in medication regimens. Consumers who are well-informed about their conditions and the types of medications suitable to their treatment will be better able to discuss options with their physicians. It would be helpful for patients to talk with their doctors about the medical appropriateness of their treatment.

Because of the large number of area residents who are members of the Health Alliance plan, CCHCC is preparing to help consumers through these new programs. We are gathering information about how Health Alliance members can have questions answered, as well as what criteria are used in the development of the Select Formulary list, and whether there will be any appeals process for physicians and patients wanting to use medications not found on the list.

We invite consumers with concerns and questions to call the Consumer Health Hotline at CCHCC, and we will work to gather and provide the needed information, 352-6533.

SENIOR
WATCH

DRUG COMPANIES PUT THE SQUEEZE ON OLDER AMERICANS



In the last seven years, the big drug companies have massively boosted prices of drugs older Americans depend on. Smith Kline raised the price of Tagamet from \$55.65 to \$92.60 for 60 400mg pills. Bristol-Meyers raised 100 50mg Capotens from \$73.04 to \$124.33. Wyeth-Ayerst more than doubled the price of 100 .625mg Premarins from \$19.57 to \$41.98. Hoechst raised Diabeta from \$18.30 to \$29.35 for 60 5mg tablets. And Boots Pharmaceutical nearly doubled Synthroid from \$10.19 to \$20 for 100 .05 mg pills. (Prices

vary from drugstore to drugstore.) **None of these drug companies changed these pills or improved them. They just charge more for the exact same pill.** Older Americans are hit hard by these enormous price increases—especially because Medicare doesn't cover prescription drugs, and about half of all older Americans have no insurance to cover drugs.

SOURCE: Families USA

Volunteer Profile: Lisa Canar



By Lynn Crandall

For years, Champaign County Health Care Consumers has been about making changes. Lisa Canar is one of the people who has helped bring about those changes. Working as a volunteer in various aspects, she understands that it's the individual that

makes it worthwhile. "The work we're doing has a direct personal impact," she says, with a smile. "It's very satisfying to see that people can be empowered to make changes that improve their lives, and overall, every little action chips away at the bureaucratic injustice."

As a CCHCC volunteer, Canar learned an eye opening fact. She witnessed a Champaign County resident appeal a decision to deny him insurance coverage. He presented a reasonable and fully documented case that pointed out how the denial was based on a misinterpretation of policy. She saw that it was neither the logic of his case nor the unjustness of his situation that convinced the grievance committee eventually to rule in his favor. "It was his threat to make the case public that forced them to reconsider. That told me the real concerns were not for the individual," she says.

A Hotline Advocate, Canar has been a willing and active volunteer at CCHCC for years, beginning with her work on a women's health project. It's her activist's drive that makes her an accomplished volunteer.

"Lisa gets a lot of work done and she doesn't need much supervision," Hotline Director Lisa Hadler-Lindell says. "I often just discover that she's accomplished something." It's her concern for people's well being that fuels not only her activities at CCHCC, but her life's chosen work.

Having graduated from the University of Illinois in 1989, she continues her studies this fall as a professional degree student at Bastyr University in Seattle, WA. Her goal is to work as a naturopathic physician.

She says the naturopathic medical curriculum is similar to a conventional (allopathic) medical program, including course work in health sciences and pathology. It differs in its approach to treating people and clinical training options. "Allopathic doctors often treat only the symptoms of disease or use invasive approaches riddled with unwanted side effects and unnecessary risks. Naturopathic doctors seek to treat the person's underlying problem, supporting the body's inherent healing ability and utilizing various herbal, nutritional, homeopathic and physio-therapeutic methods."

With a degree from Bastyr, she feels she will be well equipped to improve health care utilizing this whole-person approach. "This has a cost effectiveness factor. If we practice preventive medicine and teach people how to live healthily, we can cut the population's health care costs."

Naturopathic practitioners are currently licensed in 10 states and trained at four schools in the U.S. and Canada. With public awareness of the effectiveness of natural medicine on the rise, she says, more states will be licensing and more schools soon established.

Putting her belief of living simply into practice, Canar is involved with Prairieland Community Supported Agriculture. The program supports organic farming. Canar really gets into her work there and on a sunny day can be found digging, planting, weeding and perspiring. In her free time, she enjoys doing yoga, reading science fiction and listening to music, "... especially soul and jazz, and women's music of many cultures."

When Canar leaves the area for Seattle in the fall, she says she will take with her the insight and valuable experiences she has gained from her work at CCHCC. Also, she takes with her the knowledge that a committed group of people can improve lives. She adds, "They are a marvelous group of folks to work with!"

Petition Drive

from page 1

"There is obviously a need for a public health department for the entire county," explained Wyman. "People have been very supportive."

Going into the July 4th weekend, Friends of Public Health is nearly two thirds of the way to our goal of 7,200 signatures. However, there is less than a month left to collect signatures, with a deadline to turn in petitions of August 19. Friends of Public Health is still looking for volunteers. To sign up for a night with the volunteer door canvass, or to get a blank petition sent to your home, call 352-6533.

Friends of Public Health is a coalition of over two dozen groups, including the Champaign County

Medical Society, Ludlow PTA, the Champaign County Nurses Association, and the Champaign County Health Care Consumers.

In addition to the work on the petition drive, Friends of Public Health has held community meetings in Tolono and Rantoul. At these meetings, people discussed public health issues and outlined strategies to educate and involve their part of the county in the campaign.

Friends of Public Health is organizing a Speakers' Bureau Training to prepare volunteers to give brief talks on public health and the referendum for the fall. Committees are also working on informational resources, public relations, fundraising, and more. To get involved in any part of the coalition, or to receive information call 352-6533.

Test Case May Go to the U.S. Supreme Court

Consumer Victory: Caps Unconstitutional

Consumers won a victory on May 22 when a Cook County Circuit Court judge struck down a law that limited damages to \$500,000 for pain, suffering, and other non-economic damages in personal injury suits. Judge Kenneth L. Gillis declared the law unconstitutional, stating that it was illegal to enact a law that placed a ceiling on non-economic damages while imposing no limits on the size of damages that can be collected in other types of lawsuits. In his opinion, the damage cap was a direct intrusion into the judicial domain by the legislature, stating, "Clearly, a trial and its conclusion are a matter of judicial function and cannot be modified by legislative action." The Wrongdoer Protection Act, HB20, had been a part of the sweeping tort-reform package approved last year by lawmakers.

Judge Gillis found the damage award caps unconstitutional for a number of reasons. First, there is no rational basis to create separate classes of injured plaintiffs based on economic value or severity of injury. Gillis put forth the question, "Why are lost wages unlimited and the loss of a child, through death, limited?" Second, HB20 specifically targets cases involving serious injury and not business suits or other kinds of lawsuits. Third, it limits the injured person's full and certain recovery, which the constitution guarantees. Finally, it oversteps the boundaries between the legislative and judicial branches by reducing verdicts and eliminating certain types of damages, thereby violating the system of checks and balances in our constitution.

As a result, many consumer groups have applauded Judge Gillis' courage. "We are very pleased because a strong jury system is a strong deterrent to negligent behavior in the marketplace," claimed Nancy Cowles, director of the Coalition for Consumer Rights (CCR).

While the law was originally passed with the intention of reducing the number of frivolous lawsuits, the damage caps have the potential of denying justice to victims of extreme personal injury and wrongful death at the hands of negligent businesses, doctors, and individuals. If the Act had been in effect in 1995, it would have reduced the verdicts of affected victims in Cook County by an average of 57.8%, according to a study conducted by CCR.

In one example, a 6-month old boy was brought to the hospital with bacterial meningitis which doctors misdiagnosed. Even after the correct diagnosis, nurses failed to deliver treatment until a day and a half after the boy was admitted. As a result, the boy was stricken with life-long deafness. Since he did not work and had no dependents, his economic losses were minimal. Under the Wrongdoer Protection Act, his verdict would have been reduced by 91%.

The legal system already has safeguards in place to protect against frivolous lawsuits. Recently, an Alabama doctor sued BMW for \$2 million because his car had been repainted to cover shipping damages. Despite an initial favorable ruling, the U.S. Supreme Court struck down the award, dispelling the myth that businesses are routinely victimized by greedy consumers.

Although Judge Gillis' decision isn't binding on other judges, it could serve as a test case for the Illinois Supreme Court to challenge the constitutionality of the Wrongdoer Protection Act if a suit were filed by a collection of consumers affected by the law.

CCHCC Briefs

Public Symposium

A forum on Health Care Issues & a Public Health District sponsored by Bob Kirchner has been organized for Aug. 15 from 7 to 8:30 p.m. at the Urbana Civic Center. The forum is designed to generate public discussion on key issues impacting state legislation.

Drive-Through Delivery

To prevent so-called drive-through deliveries, (discharging mother and child hours after birth) Rep. Kathleen Wojcik (R-Schaumburg) pushed legislation this spring that would require at least 48 hrs. of inpatient care after normal births and 96 hrs. after Cesarean sections.

Although people covered by employer self-insured programs are exempt under federal law, the bill covers 65% of all Illinois women. According to Dr. Jane Jackman, president-elect of the Illinois State Medical Society, "I think it is going to make a difference to pregnant women and newborn babies. We are happy to see this bill pass, but we would like to see something similar for all the population." The bill, HB 2557, was brought before Gov. Edgar on June 7 but has not yet been signed. Edgar can be reached at (217) 782-6830 (phone), (217) 782-3560 (fax), or 207 State House, Springfield, IL, 62706 (mail).

YES! I'd like to renew my membership with CCHCC!

(please clip out and return with your check)

- | | |
|---|---|
| <input type="checkbox"/> \$120 - IMPACT Member | <input type="checkbox"/> \$25 - Individual Member |
| <input type="checkbox"/> \$60 - Program Sponsor | <input type="checkbox"/> \$15 - Fixed Income Member |
| <input type="checkbox"/> \$40 - Family Member | <input type="checkbox"/> Other \$ _____ |

Change of Address:

Name/Phone: _____ / _____

Address: _____

City/State/Zip: _____

Contributions to CCHCC are tax-deductable

Please return to: CCHCC, 44 E. Main St. Suite 208, Champaign, IL 61820

Affinity Long Distance Service Request Form

☒ Yes, I want to start saving 10% more **and** have 5% of my long distance usage contributed to my favorite organization.

RESIDENTIAL CUSTOMER

Please Print Clearly In Ink And Fill In All Information.

Name (EXACTLY as it appears on current billing) _____

Social Security # _____

Street (No P.O. Box) _____

City _____ State _____ Zip _____

County _____

Billing Address (If different) _____

City _____ State _____ Zip _____

SERVICE INFORMATION

Enter your telephone number, including area code. The top number should be your billing number. List additional numbers on a separate sheet, if necessary.

_____-_____-_____-

_____-_____-_____-

_____-_____-_____-

I Would Like To Order _____ Travel Card(s)

The following information is required to ensure your discount.

Present Long Distance Carrier _____

Current Discount Plan (If any) _____

"My signature below authorizes Affinity to switch my long distance service and notify my local telephone company of this choice. Only one primary long distance company may be designated for the telephone number(s) listed above. My local telephone company may apply a small switch fee, and Affinity will provide a credit certificate to help offset this fee. I accept responsibility for payment of all charges incurred through the use of Affinity's services and understand that this offer may be subject to credit approval."

Signature _____ Date _____

Print Name _____

Champaign County Health Care Consumers
org # 950-323-000
rep # 251-025203

Organization/Tracking Code Information

AFFINITY

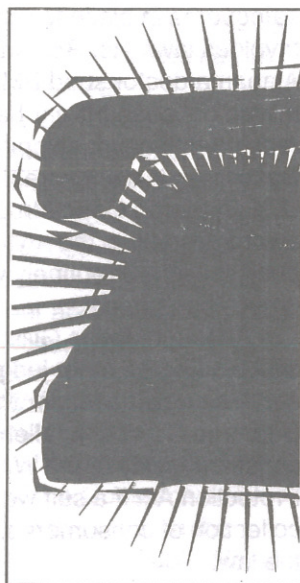
Long Distance Savings With A Purpose.

Did you know that, as a member of CCHCC, you can save **10% off** your current long distance costs, *whatever they are*, and help CCHCC's fundraising efforts at the same time? It's true, and **Affinity** is the reason.

Affinity is a long distance provider that guarantees you a savings of 10% over your current provider's **best** plan, or *double your money back*. And they prove it in writing, by spelling out the comparison on each monthly bill. How do they do it? By billing your usage in six-second increments, instead of rounding your calls off to the minute like AT&T and MCI. That way, you only pay for the time you actually use.

That's a great offer by itself, but here's the best part: by signing up through CCHCC, Affinity promises to **donate 5%** of your monthly long distance charges to CCHCC, *at no cost to you*. All you have to do is fill out the form at left, and return it to CCHCC at 44 E. Main, Champaign, IL 61820. Any switching fee will be credited on your first Affinity bill, so even that's free!

Please fill out the form today ... you'll be glad you did!



Public Interest Fund of Illinois

This fall you can contribute to CCHCC and any of another two dozen member organizations of the Public Interest Fund of Illinois (PIFI). PIFI expands your choices in workplace giving and allows you the convenience of contributing to CCHCC through a payroll deduction. So look for the PIFI logo in your workplace this fall.

**Employers Who Offer A Choice
in Champaign County:**

CFC
Champaign County Agencies
Champaign County Forest
Preserve
Champaign Park District
Champaign Schools
City of Champaign
City of Urbana
CU MTD
CU Sanitary District
Parkland College
University of Illinois
Wolfram Research

Champaign County
Health Care Consumers
44 East Main, Suite 208
Champaign, IL 61820

ADDRESS CORRECTION REQUESTED

Non-Profit Org.
U.S. Postage
PAID
Permit No. 751
Champaign, Illinois