If you are sick and need care that day...

Call your Doctor’s Office.
Many clinics have openings for patients who need care that day. Doctors are also on-call at night. They may also help you over the phone.

Call a 24-Hour Nurse Hotline.
Many insurance companies have their own hotline. Ask what to do for treatment.

Go to an Urgent Care Clinic.
Urgent care clinics treat people the same day. They usually take less time than the emergency room.

Go to the Emergency Room.
You can go to the hospital emergency room if your urgent care clinic is closed. You may have to wait a long time to receive care.

An urgent care clinic is a same-day clinic.
You don’t need an appointment.

Urgent care clinics can help with these common symptoms / injuries:
- Earaches
- Back Pain
- Cough
- Sore Throat
- Fevers
- Migraines or Other Headaches
- Minor Eye Injuries
- Minor Injuries
- Minor Cuts
- Minor Burns
- Rashes
- Sprains

If you think you are having a medical emergency,

Call 911 --OR-- Go to the Emergency Room.
1. Call your insurance company’s member services number. (often found on back of card, your card may look different)

Use the doctors, clinics, and hospitals that are in this group.

2. Ask if they have a 24 Hour Nurse Hotline.

3. Ask what urgent care clinics near your work or home are covered in your plan.

4. Ask what hospitals in your city are covered in your plan.

5. Write down all the names, numbers, and hours of any doctors or other medical professionals. Put these numbers into your cell phone.

Important Contacts

Insurance Company Member Services:
Company: ______________________
Number: ________________________
Hours: _________________________

24 Hour Nurse Hotline:
Number: ________________________

Medical Transportation Management (MTM, Inc.):
1-866-907-1493
⚠ Urgent Care rides picked up within 3 hours.

My Doctor: ______________________
Number: ________________________
Address: ________________________
Hours: _________________________

Urgent Care: ____________________
Number: ________________________
Address: ________________________

My Hospital: _____________________
Number: ________________________
Address: ________________________
Hours: _________________________

My Pharmacy: ____________________
Number: ________________________
Address: ________________________