

I'm Sick

Where Do I Go for Care?



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.

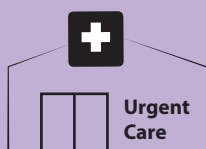
Many insurance companies have their own hotline. Ask what to do for treatment.

Go to an Urgent Care Clinic.

Urgent care clinics treat people the **same day**. They usually take **less time** than the emergency room.

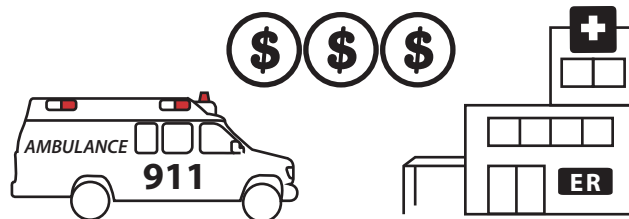
An **urgent care** clinic is a same-day clinic.

You don't need an appointment.



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.



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.



covering
Wisconsin
Connect to Care, Engage in Health

Know where to go BEFORE you get sick. Don't wait until you get sick!



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

1. Call your insurance
company's member
services number.
(often found on back of card,
your card may look different)



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 Service:



Company: _____

Number: _____

Hours: _____

24 Hour Nurse Hotline:



Number: _____

My Doctor: _____

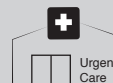


Number: _____

Address: _____

Hours: _____

Urgent Care: _____



Number: _____

Address: _____

Hours: _____

My Hospital: _____



Number: _____

Address: _____

My Pharmacy: _____



Number: _____

Address: _____