Exhibit A

Front of Card

County Indigent Care Card No._____
Effective Date: 10-01-98 Expiration Date: 10-31-98
County Identification No: 123456 Coverage:_____

Name: Mr/Mrs. County Resident
Address: 1313 Main Street
Your County, Texas 00000
Telephone: 409-555-5555
Date of Birth: 10-23-1949

Primary Care Provider: Dr. UTMB Physician
_____*Signature*_____
County Indigent Care Coordinator
_____*Signature*_____
County Indigent Patients Signature

Cards are to be created by the County under contract to UTMB.
Each card should have a unique number assigned as a security precaution and tracking mechanism.
Each card should have an original signature by the appropriate representative of the county.
Each card should have an original signature by the resident
Each covered family member should have their own card issued. This would replace existing letters.
Card would need to be 3 ½" x 2".

Rear of Card

UTMB Contract County Specialty Card

Patient Must Present This Card at Time of Registration.

This card is not an evidence of eligibility for benefits. Determination of eligibility will be established through the County Indigent Care Coordinator's Office.

All appointments are to be scheduled through the County Indigent Care Coordinator's Office at (409) 747-5100.