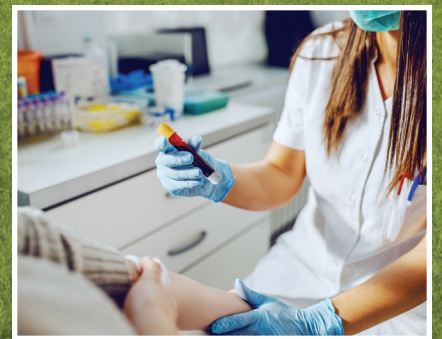




CoxHEALTH

# IMPROVING ACCESS

*Where You Need It. When You Need It.*



CoxHEALTH FOUNDATION  
*serving the medically underserved*

25  
YEARS



## **Cox Medical Center Branson is ready to welcome a new partner in care.**

The new Branson clinic, located at 1601 Branson Hills Parkway, is in response to an emergent need for expanded primary and urgent care services. Since 2020, Branson has experienced a 13.9% population growth, with 24.5% of the population being 65 or older. Healthcare is a vital factor in the community's ability to serve its population and continue to attract growth. Nationwide, health care is ranked in the top three considerations when choosing where a person lives.

Equally important is the fact that Cox Medical Center Branson's ER annually experiences increases in patients choosing this higher cost option. Often the patient does not require emergency care, but the ER was the only available choice. The new Urgent Care option will give patients another place to access care outside normal clinic hours. This is just another way that CoxHealth has focused on providing increased access in Stone and Taney counties.

The new clinic will provide comprehensive care inside the one-story, 30,000 square-foot building. Patients will find primary care, Urgent Care, Occupational Medicine, Specialty care, as well as on-site Radiology and Laboratory services. The project, expected to be completed in the Spring of 2024 will consolidate two small family medicine offices into one larger, expanded care clinic. By creating this new clinic, CoxHealth will add four new family practice providers in Branson. This is one of the largest expansions in physicians in current history.

The physician-staffed Urgent Care will be open 8:30 a.m. to 8:30 p.m. seven days a week and will include the Radiology and lab services in these time frames. The primary care clinic will be open five days a week from 7 a.m. to 5 p.m. and will include the Specialty, Occupational, Pediatric, Radiology and Lab services. This clinic will serve patients of all ages.

As a not for profit organization, CoxHealth has always depended on the community it serves to help support vital initiatives. If you would like to be a part of advancing healthcare, join us today in this campaign. Donations to support the clinic are also NAP credit eligible if the donor is a business or an individual with business income. All donors will be given on site recognition as another way of saying thank you for your support.



**COXHEALTH**  
*Will you invest in the*  
**Cox Medical Center Branson Clinic?**



**COX MEDICAL CENTER BRANSON CLINIC  
 DONOR OPPORTUNITIES**

**All donors will be recognized with on-site recognition at the location of your donation selection.**



SELECTED:

- \_\_\_\_\_ **Lobby:** \$75,000
- \_\_\_\_\_ **X-Ray:** \$50,000
- \_\_\_\_\_ **Laboratory and Draw Rooms:** \$30,000
- \_\_\_\_\_ **Sub Waiting:** \$15,000
- \_\_\_\_\_ **Break/Conference Room:** \$15,000
- \_\_\_\_\_ **Exam Rooms:** \$5,000 each (54 available)
- \_\_\_\_\_ **Procedure Rooms:** \$10,000 each (3 available)
- \_\_\_\_\_ **Nurse's Stations:** \$10,000 each (3 available)



**COXHEALTH**

## Will you invest in the **Cox Medical Center Branson Clinic?**

- ☐ **Yes, I want to invest in increasing access to care in the Branson region!**

Donor Opportunity Selected: \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

- ☐ I would like to donate \$\_\_\_\_\_ to the campaign. My check is enclosed.

- ☐ Please charge my credit card for my donation of \$\_\_\_\_\_.

☐ Visa    ☐ MasterCard    ☐ Discover

Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

- ☐ I would like to pledge \$\_\_\_\_\_ to be made in payments of \$\_\_\_\_\_ over \_\_\_\_ years. Please send me a reminder each year in the month of \_\_\_\_\_.  
(Gift can be made over a period of time, up to five years.)

- ☐ I am a CoxHealth employee and would like to donate via payroll deduction.

Please complete address above. My donation amount: \_\_\_\_\_

My department: \_\_\_\_\_

My employee number: \_\_\_\_\_

- ☐ Please contact me about a stock gift.      ☐ Please contact me about an estate gift.

- ☐ **I am interested in NAP tax credits.** I understand my donation needs to be from my business, or I am an individual with business income. NAP amount: \$ \_\_\_\_\_

For more information on commemorative opportunities contact  
Lisa Alexander, President at **417-269-7109** or at [lisa.alexander@coxhealth.com](mailto:lisa.alexander@coxhealth.com).

*All gifts are fully tax-deductible and a tax receipt will be issued.*



**COXHEALTH FOUNDATION**

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**Please make your check payable to  
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