Do you have health insurance? No?

- Are you an adult (age 19 or older)?
- Do you live in Bandera County?
- Is your family income less than?

Number of people who live with you (adults and children) counting you	Is your household income less than?
1	$23,760
2	$32,040
3	$40,320
4	$48,600
5	$56,880
6	$65,160
7	$73,460
8	$81,780

If you do not have health insurance, are an adult who lives in Bandera County, and meet the income levels above, the Arthur Nagel Community Clinic is here for you.

How does this work?

The clinic is funded by people who care about you and your health. They want you to receive the best possible care. In return for free care, you will be asked to:

- fill out the attached forms,
- prove you qualify with the income limits above,
- drop your application at the clinic (Tuesday, Wednesday, or Thursday, 8 a.m. to 4 p.m.)
- hear from clinic staff that you are qualified. At this time you will be asked if you would like an appointment. Or you may make an appointment by calling 830-796-3448 on Tuesday, Wednesday, or Thursday.

And after you receive care, you will be asked to:

- make a donation to help support the clinic.

Let's get started

Be sure you have **one** of the following:

- □ Texas driver's license or Texas identification card (this is best!)
- □ Passport
- □ Or other photo identification
- □ Social security card or birth certificate

You must show some evidence that you live in Bandera County. Bring in **one** of the following:

- □ Utility or other bill that shows your name and address
- □ Lease you signed with your landlord
- □ Bandera County tax statement

You will be asked about your income. Please bring in **one** of the following:

- □ Income tax return (most current—and this is the best to provide since you will need it if you want to participate in the Prescription Assistance Program)
- □ Four weeks of paycheck stubs (most current)

If you do not have a current income tax return or paycheck stubs, you need to bring in **all** of the following that you have:

- □ Social security check or bank statement if you have direct deposit
- □ Unemployment award letter or print out from Texas Workforce Commission
- □ Food stamp verification letter
- □ Other proof of income (spousal support or rental income)

If you were a patient last year, please bring in:

- □ Income tax return (most current)
- □ Four weeks of paycheck stubs (most current)

If you have changes during the year, please let the clinic know about a change in:

- □ Income
- □ Number of people you live with
- □ Where you live
- □ Health insurance status (if you have health insurance from any source)

Is this confusing? Please bring your documents (listed above) and come to the clinic. Clinic staff are happy to help you fill out these forms Tuesday through Thursday.

Things you should know about the clinic

Hours: The clinic is open Tuesday, Wednesday, and Thursday, from 8 a.m. to 4 p.m. If you need emergency care please call 911 or go to an emergency room. The clinic cannot help you pay for your emergency room fees.

Appointments: Call 830-796-3448 for an appointment or schedule an appointment while you are at the clinic. You will receive a text message reminding you of the time and date. If you are a new patient, please arrive 30 minutes before your appointment. If you are a returning patient, please arrive 15 minutes before your appointment.

Cancellation: This is important! If you cannot make your appointment, please respond to the text message or call 830-796-3448 to cancel your appointment. If you are going to be late, please let the clinic know by calling 830-796-3448.

Services provided: The clinic provides care to meet the basic needs of eligible residents of Bandera County. Services include diagnosis and treatment of acute and chronic conditions, preventive health education and programs, and assistance with some prescription medicines. If you are referred to a physician or dentist for care the clinic does not provide, the clinic will help you make your appointment. The clinic will also help you pay for the first office visit. **If the clinic does not help you make the appointment, you are responsible for the bill.**

Fees: There are no fees to see a healthcare provider at the clinic. You will be asked to make a donation to offset the cost of your care. You may be asked to pay a $5 administrative fee for lab work or special tests (including images). If you need medications through the clinic's Prescription Assistance Program, you may also be asked to pay a $5 administrative fee.

First appointment: Come to the clinic 30-minutes before your appointment. You will need to sign some legal forms (so the clinic can provide care). You will also need to **bring the bottles of all medications you take, including over-the-counter medications like aspirin, herbal supplements, or nutritional supplements**. The clinic healthcare provider will send you home with these medications, but the clinic needs to see what you are taking.

What the clinic does not do: Provide documentation you need to show you have a disability (for a handicapped license, handicapped parking, or for any other reason). The clinic does not prescribe pain medications, narcotics, or see patients for pain management.

Your rights and responsibilities as a patient:

- **You have the right to understand.** If you don't understand these forms or what the healthcare provider tells you, please ask questions.
- **You have the right to privacy.** You have the right to talk privately with your healthcare provider and to have your information protected.
- **You have the right to care** that is considerate, respectful, compassionate, and provided to you in a safe setting.
- **You have the responsibility** to respect the clinic staff, answer their questions truthfully, and follow their instructions to the best of your ability, including recommendations to exercise, eat healthy food, and make changes in your life that will improve your health.

All about you

Today's date: _____

Name: _____
Last First Middle Suffix

Do you have: (please circle) Private Insurance / Medicare Part A / Medicare Part B / Medicaid / CHIP/ TriCare

Date of Birth: _____ Sex: M___ F ___

SSN: _____

Photo ID: DL/State ___ ID card/State ___ Passport___ Matricular Consular___ Photo ID# ___

Race: (please circle) Caucasian African American Native American Asian Other: _____

Ethnicity: (please circle) White Hispanic/Latino Non-white Hispanic/Latino Other: _____

Physical Address: _____ City: _____ State: ___ Zip: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Primary Phone: (home/work) _____ Cell Phone: _____

E-mail: _____

Marital Status: (please circle) Single Married Significant Other Separated Divorced Widowed

Spouse/Significant Other Name: _____

Emergency Contact Name, Number, and relationship: _____

Employment: (circle one) Full Time Part Time Student Unemployed Self Employed

Name of employer or school: _____ Phone: _____

Type of work: _____ Job title: _____

Education: (please circle) GED Graduated HS Some College College Degree

Primary language: (please circle) English Spanish Other _____

Most common mode of transportation to come to the clinic is: (circle all that apply)
Car Walk Friend/Family None Other _____

Housing: (please circle) Own Home Rent Home Rent Apartment Live with others Homeless

Are you a veteran? Yes No Is your spouse a veteran? Yes No

Do you run out of food before you get money to buy more? (please circle) Often Sometimes Never

All about money

The clinic can only provide care for you if your income is below a certain level:

Number of people who live with you (adults and children) counting you	Is your household income less than?
1	$23,760
2	$32,040
3	$40,320
4	$48,600
5	$56,880
6	$65,160
7	$73,460
8	$81,780

Figure out if you qualify by filling in this form for you (the patient) and for others who live in your home with you.

Today's Date: _____

	You	Others in Household	
How many adults in your household?	1		Adults
How many children in your household?			Children

You may have one or more of the following types of income

Salary/Wages		
Child Support		
Social Sec. Retirement		
Social Sec. Disability		
SSI		
Retirement/Pension		
Unemployment		
Food Stamps		
Rental Income		
Workmen's Comp		
Veterans Benefits		
Other		
TOTAL INCOME		

Do you get assistance with your bills? Y N

From whom? _____

Patient Health Care Agreement

Please put your initials after the next six (6) statements.

1. I have read, or someone has read to me, the Arthur Nagel Community Clinic's Health Care Agreement (this document). Any and all information I have provided to the clinic is truthful and correct. _____

2. I know I am financially responsible for any services not covered by the Arthur Nagel Community Clinic. _____

3. I know that this clinic may not be able to continue my care if my need for care is beyond the Arthur Nagel Community Clinic's scope of practice. _____

4. I know I must tell the Arthur Nagel Community Clinic about any changes in my income, address, household, or if I receive any form of medical insurance. _____

5. If any of the information I give to the clinic is not true, or if I fail to inform the clinic of any changes in income or if I receive insurance, I will no longer be able to get care at the Arthur Nagel Community Clinic. This can make me responsible to pay for any and all visits, medication, and lab expenses, including fees for referral visits and tests, and will be required to pay for all services provided by this program. _____

6. I know I may be asked to make a small payment for labs ($5) and the prescription assistance program ($5), and a cancellation fee ($25) if I miss appointments. I know I will be asked to make a donation to the clinic to help pay for my care. _____

Sign below to show you agree with the policies of the Arthur Nagel Community Clinic.

_____

Patient signature Date

_____

Please print your name

Primary Care Home Affidavit

Sign here to show that the Arthur Nagel Community Clinic is your **Primary Care Home** for your healthcare needs (this means the clinic is the first place you visit when you are sick).

_____

Patient signature Date

Note to clinic staff: Pages 4, 5, and 6, of this document are to be filed in the patient's medical file at the Arthur Nagel Community Clinic.