



MANCHESTER
community
HEALTH CENTER

Patient Guide

To Programs & Services



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Amoskeag Locomotive Works
Business Park

CANAL STREET



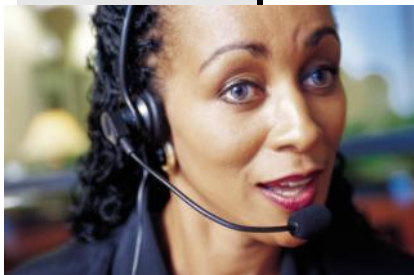
145 Hollis Street, Second Floor
Manchester, NH 03101

Welcome to... Manchester Community Health Center

“Providing quality primary care to the Greater Manchester community since 1993.”

Should you have any acute or serious health issues between now and your first scheduled appointment with MCHC, please do not hesitate to seek assistance at a local emergency room.

*Please be advised that you cannot be considered a patient of MCHC **until** you have completed all the necessary paperwork **AND** have met with your new healthcare provider.*



Welcome...

We are pleased that you have chosen Manchester Community Health Center (MCHC) to be your provider of healthcare services.

MCHC is a nonprofit primary care facility offering high-quality, comprehensive primary and preventive healthcare that is both convenient and affordable. Several options are available for payment of healthcare services and our staff are ready to assist you in choosing what best suits your needs. From full coverage through a commercial insurance program to financial assistance for those who qualify, there's an option to fit everyone's budget.

The Health Center accepts most insurance plans including Medicaid, Medicare, and commercial HMO's as well as offering a discount sliding-fee scale for those who are uninsured. A discount on services for those who qualify is based on the patient's income and family size.

If you are insured privately, please bring your insurance card with you to your first appointment. For patients with HMO insurance coverage, it is important that you designate an MCHC provider as your PCP, prior to your visit. Please review our doctors on the inside back cover of this Guide.

Please hold onto this guide as it will help you access all that MCHC has to offer.

Thank you once again for choosing MCHC.

Location...

*The Health Center is located at **145 Hollis Street** at the corner of Canal. (From Elm Street, go one block West on Hollis toward Canal Street and enter the parking lot from Hollis Street.) There is ample patient parking. Enter building under black and white awning, take stairs or elevator to 2nd floor.*

Hours of Operation...

Monday.....	8:00 a.m. - 5:00 p.m.
Tuesday.....	8:00 a.m. - 5:00 p.m.
Wednesday.....	8:00 a.m. - 5:00 p.m.
Thursday.....	8:00 a.m. - 7:00 p.m.
Friday.....	8:00 a.m. - 5:00 p.m.
Saturday/Sunday.....	CLOSED to General Services

In the event of inclement weather please listen to 95.7 FM (WZID) or 610 AM (WGIR), or watch WMUR-TV Channel 9 for closing information for the Health Center.

24 Hour Coverage

MCHC is available to its patients 24 hours a day/7 days per week. If a patient gets sick and needs to speak with a Doctor during the hours we are closed, our 24 hour Answering Service will assist in contacting our Doctor-On-Call.

Quality Healthcare You Can Afford...

Financial assistance is available to those who qualify.

If you qualify for assistance you will be assigned a discount off the charges for your visit. The level of your discount (25%, 50%, 75% or 100%) will be based on your income and family size.

Financial Assistance...

To apply for a Medical Assistance Card (discount sliding-fee), please call the Health Center at 626-9500 and ask to speak to New **Patient Registration (extension 9516)**. You will be mailed an Intake Packet and scheduled for an "Intake Appointment". Please bring the two most recent pay stubs for each working family member in the household and proof of any other income or benefits received by any family member in your household (social security, disability, worker's compensation, alimony, TANIF-welfare, etc). If you are self-employed, a copy of your most recent tax return will be necessary to process your application. Some information may be provided over the phone, however we will need verification of your financial information at the time of your intake appointment.

If you qualify, you will be issued a **Medical Assistance Card** and a discount will be applied to all charges incurred at the Health Center. **There is a minimum \$15 co-pay for those receiving a 100% discount.** Other discounts are calculated based on the balance due after the discount is applied to your charges for the day. Copayments are due at the time of service .

PLEASE NOTE: While Manchester Community Health Center's primary mission is to provide access to quality healthcare, it is not a free-care clinic. MCHC offers a variety of payment options and financial assistance is available for those who qualify.

An example of services discounted by MCHC's "Medical Assistance Card" includes: Visits with your medical provider at MCHC, Visits with an MCHC provider while hospitalized, Visits with MCHC's Nutritionist, Visits with MCHC's Women's Wellness Coordinator, Visits with MCHC Counselors.

All copayments are due at time of service.

MCHC accepts cash, personal checks, MasterCard and Visa.

Payment Options...

If you have health insurance: We accept many insurance programs including Medicaid, Medicare, and most commercial/private HMO's. Please bring your insurance card with you to your appointment. For patients with HMO insurance coverage, it is important that you designate an MCHC provider as your PCP, in advance of your visit.

MCHC currently accepts the following insurance plans:

Anthem Blue Cross/Blue Shield	United HealthCare
Cigna	Great West
Harvard Pilgrim	MVP
Unicare	and many more....

If you do not have insurance: Financial assistance is available to those who qualify. MCHC offers services on a discount sliding-fee scale. If you do not have insurance, or have a large deductible, you may apply for a **Medical Assistance Card** (financial assistance). Eligibility for the Medical Assistance Card will be determined by one of our Patient Account Representatives through an intake process. A discount will be applied to services offered by the Health Center as well as **some** of the services provided by the two local hospitals and Dartmouth Hitchcock, Manchester. If you would like to apply for the **Medical Assistance Card**, please call the Health Center (626-9500) and ask to speak to New **Patient Registration (extension 9516)**. An application packet may be picked up at reception or can be mailed to you.



Your First Visit With Us...

Before scheduling your first appointment, New Patient Registration staff will mail you a New Patient Registration Packet that includes several forms that must be completed. Please review these forms carefully, sign and date where indicated, and return them to the MCHC promptly. (Please remember to include copies of your financial verification information.)

Included in this packet is an [Authorization for Disclosure of Protected Health Information](#). Please indicate your prior doctor's name (hospital or other healthcare provider), sign and date where indicated. This form allows MCHC to gain access to your prior medical history. Your new provider will be better prepared to give you the best quality care, if s/he knows a little about your health status prior to your visit.

Once you have returned your completed forms to MCHC, a Patient Intake staff member will contact you to schedule your first appointment. You will meet with our Patient Intake staff to review the various forms you've submitted as well as determine your discount amount. If you qualify for financial assistance, you will be given a Medical Assistance Card that indicates the amount of your discount (25%, 50%, 75% or 100%).

We ask that you arrive on time for your appointments -

In consideration of all our patients, it is important that you arrive on time for your appointment. If not, you may be considered a "no-show" and subject to MCHC's policy below.

MCHC Missed Appointment Policy

MCHC policy states that if you miss your **first** appointment and fail to give us 24 hours notice, you will not be able to re-access care at MCHC for **six months**.

We kindly ask that you give us 24 hours notice to cancel or reschedule your appointment. Please call 626-9500 and speak with your provider's nurse, leave the nurse a voicemail, or press 0 to speak to the Health Center operator!

We apologize for any inconvenience this may cause you or your family. There are many people in the community who need the services of the Health Center and we are dedicated to meeting those needs. When someone misses an appointment, there isn't sufficient time to reschedule with another patient.

Scheduling Appointments...

When you become a patient of the Health Center, you may choose (or will be assigned) a Primary Care Provider (PCP). Each PCP is on a team that has been color coded to help make it easy for you to remember. Patient Registration staff are happy to accommodate your preferences when choosing a provider.

Your provider's team includes a Medical Assistant (MA) and Nurse specific to your provider. Please contact your provider's team members directly with any questions or appointment needs. A list of staff extensions will be provided to you, or you may ask for a copy from our Receptionist.

Doctor-On-Call

MCHC offers 24 hour call coverage.

That means one of our Doctors is available to our patients 24 hours a day, 7 days a week.



If you become sick or need medical attention during the hours that we are closed, please don't hesitate to call us...

Anytime, day or night!
626-9500

To reach our Doctor-On-Call during the hours we are closed, please dial MCHC's main office number (626-9500) and follow the instructions to reach our 24 hour Answering Service.

An operator will assist you in contacting MCHC's Doctor-On-Call.

PROGRAMS & SERVICES

MCHC is accredited by the Joint Commission and has been awarded the

Gold Seal of Approval



by demonstrating compliance with the Joint Commission's national standards for health care quality and safety.

Adolescent Preventive Services...

MCHC's *Adolescent Preventive Services* (APS) program is an preventive health initiative that focuses on youth in Manchester's public school system. A mid-level adolescent healthcare Provider offers at-risk students from the middle and high-schools, preventive health education, case management services and on-going mentoring. This Provider is a resource for students, helping them get the community support and assistance they need to stay in school and make positive life choices. You may contact the Adolescent Preventive Services Provider at extension 9511.

Breast & Cervical Cancer Screening...

This program serves women with limited income and poor or no health insurance. Breast and cervical cancer screenings are performed annually for those who qualify. Ask your provider for details or contact our Women's Wellness Coordinator at extension 9543.

Counseling...

Manchester Community Health Center offers comprehensive assessment, referrals, case management, and counseling for MCHC patients. Our prenatal populations are provided with ongoing support and case management in order to facilitate personal growth and preparation. This includes supportive counseling, referrals to community agencies, and education to help instill feelings of self worth as new parents and families begin their journeys together. Visits with our Counselors require a referral from one of our providers.

Diabetes Education...

A Certified Diabetic Educator provides diabetic education on an individual basis. MCHC offers glucometer education, diabetic assessments and the newest updated diabetic education. Our Diabetic Educator can be reached extension 9543.

Diabetic Support Group...

The Diabetic Support Group is open to all patients with diabetes who want to share and learn more about their condition. This is an ongoing educational opportunity for diabetics as they gain insight into the latest diabetic medicines and equipment. Contact our Diabetic Educator at extension 9543 for details.

Quality - put to the test...

If at any time you have a concern about the quality of care or safety of our environment, please let management know. If you are not comfortable in voicing your concerns with management, you may voice your concerns with **the Joint Commission** directly.

Joint Commission COMPLAINT HOTLINE - (800) 944-6610.



Lab Services...

PROGRAMS & SERVICES

Elliot Hospital provides lab services on-site at MCHC. In order to accommodate patient needs and to provide timely results to the providers, the lab is staffed with two, full-time, Laboratory Technicians.

Lab services will be billed separately by Elliot Hospital. Elliot Hospital recognizes discounts awarded by MCHC's **Medical Assistance Card** and you will be billed accordingly. On occasion, you may be asked to go to Elliot Hospital for additional lab work. Elliot Hospital will need a copy of your **Medical Assistance Card** or your commercial insurance card to bill you properly.



Language Interpretation...

MCHC provides interpretation services through onsite interpreters as well as contracting with community interpretation providers. Additionally, a telephone interpretation service is available allowing us to provide interpretation in over 150 languages.

Medicaid Enrollment...

MCHC provides onsite assistance with enrollment into Medicaid for pregnant women and into Healthy Kids for children. Contact our Medicaid Enrollment Coordinator at extension 9530.

Medication Assistance...

MCHC provides prescription assistance to eligible patients through the **Discount Pharmaceutical Program**. The Health Center ensures high-quality prescription medications to our patients at a substantially lower cost.

You may request a refill of your medication by calling **626-9500** the refill line specific to your provider's team (see previous page). A staff member will call you when your prescription is ready. *This is for prescription refills only.* If you need a **new** prescription, you must make an appointment with your health care provider.



Please call and schedule an appointment. Prescription refills may take up to **3 to 5 business days** to process. Please call us at least 1 week before you use the last of your medication to request a refill.

A valid MCHC "Medical Assistance Card" must be presented to Rite Aid Pharmacy to be eligible for a discount. Patients may choose to have a prescription filled at a pharmacy other than Rite Aid Pharmacy at 1631 Elm Street (contracted pharmacy), but will not be eligible for MCHC discounts on these medications.

Nutrition Services...

MCHC has an extensive Medical Nutrition Therapy program which encompasses diabetes care, obesity prevention, prenatal nutrition, as well as counseling for high cholesterol and hypertensive patients. A comprehensive assessment of diet and exercise patterns is completed in addition to meal planning and food label education. Exercise guidelines are supported and encouraged as part of a healthy lifestyle. Follow-up and support visits are scheduled as needed. For more information about our nutrition programs, please contact our nutritionist at extension 9546.

PROGRAMS &

Pediatric Primary Care...



MCHC provides preventive and acute care for children and adolescents (from birth to 18 years) by board-

Podiatry...

MCHC offers office-type podiatry services one-half day per week. A local podiatrist, who works in tandem with MCHC primary care providers, renders services on-site. Contact your primary care provider for more information or to request a referral.

Prenatal Care...

Prenatal care is a core service at **Manchester Community Health Center**, known for its quick response in seeing women in need of prenatal care regardless of her ability to pay for services.

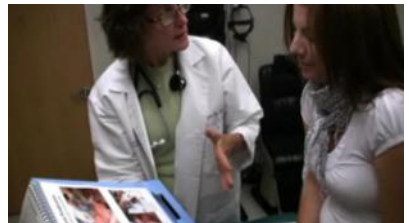


MCHC offers routine prenatal care through a team approach consisting of a Certified Nurse-Midwife, family practice physicians, a dedicated perinatal nurse, a nutritionist and counselors.

Because MCHC physicians provide both primary care and prenatal care, early first trimester registrants are welcomed and encouraged.

All deliveries are performed at the **Elliot Hospital** in Manchester.

If you think you are pregnant and would like to have a free pregnancy test or to register as a patient, please call extension 9534.



 **The Elliot**
Live Better!

Primary Care/Family Medicine...

MCHC provides primary healthcare services, regardless of age, economic status, national origin, disability, ethnicity, creed or sexual orientation. Primary care is provided by Board Certified Family Practice Physicians, Certified Physician Assistants and Board Certified Pediatricians. For patient registration, please call extension 9516.

Referrals...

MCHC provides referral assistance to help you get the additional services your provider has recommended. Please understand that if you are referred to an outside specialist, you will be billed by that specialist separately. If you have questions about an existing referral, please call extension 9537.

Patient Forms

The following forms are provided to you as a new patient of the Health Center.

You may be asked to sign and return some of the forms, others you should keep for reference.

Please take a moment to review these forms as they provide you with important information about your rights and privacy.

MCHC Core Values

“We will promote **wellness**, provide **exceptional care** and offer **outstanding service** so that our patients achieve and maintain their **best possible health**.”

This is our pledge to you.
Our Patient, our Customer, our Guest!



NOTICE OF PRIVACY PRACTICES

145 Hollis Street • Manchester, NH 03101 • TEL 626-9500

Uses and Disclosures of Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable health information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. We will use or disclose only the minimum necessary PHI, except where we are legally required to do otherwise. We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new notice in our Business Office. You may request a copy of the new Notice from the Business Office.

How We May Use or Disclose Your Protected Health Information

Manchester Community Health Center uses PHI about you for treatment, payment and health care operations.

Treatment – Manchester Community Health Center may disclose your PHI to doctors, nurses, laboratories and other health care personnel involved in providing your health care. For example, if you are seen in the Emergency Department at the hospital, we may disclose your PHI to healthcare providers treating you there.

Payment - Manchester Community Health Center may disclose your PHI in order to bill and collect payment for your health care services. For example, we may disclose your PHI to your insurance company or another 3rd party entity or individual responsible for the payment of your care.

Health Care Operations – We may use your health information and disclose it outside MCHC for our health care operations. For example, an audit of the facility might be conducted for cost management review or for a review of quality of care.

Contacting You- We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or e-mail. We may leave voice messages at the telephone number you give and we may respond to your e-mail.

Other Instances When We Might Reveal Health Information

When Required By Law – *We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements. A civil or criminal proceeding involving you may also require us to disclose PHI about you by a court or administrative order. We may also be required to report or disclose private health information to a Workers Compensation claims carrier.*

For Public Health Activities – *We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to public health authorities. We may also be required to disclose PHI for notification of sexually transmitted diseases or reactions to drugs or other devices associated with your treatment.*

For Health Oversight Activities – *We may disclose PHI to oversight agencies responsible for health center licensure or accreditation as well as entities charged with oversight of the health system, inspection, compliance with state and federal laws or the investigation of unusual incidents or accidents.*

Relating to Decedents – *We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors and to organ procurement organizations relating to organ, eye or tissue donations or transplants.*

For Research Purposes – *In certain circumstances, and under the supervision of an institutional review board, we may include your PHI in a data pool to assist medical or psychiatric research. This pool will not contain information that individually identifies you. This data pool is a source of information that we use to evaluate the services that Manchester Community Health Center provides to the community.*

To Avert Threat to Health or Safety – *In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, including situations regarding a crime victim, death from criminal conduct or other criminal conduct relating to you.*

For Specific Government Functions – *In certain situations, we may disclose PHI: of military personnel or veterans; to correctional facilities; to government programs relating to eligibility and enrollment; and for national security reasons.*

Your Rights

You have the right to request restriction on uses and disclosures of your information - You have the right to ask that we limit how we use or disclose your PHI. To request a restriction you must make the request in writing to the Privacy Officer of this health center. The request MUST state what information you wish restricted and who you want this information restricted from. Although we will work with you to protect your information we cannot accommodate all requests and are not legally bound to accept all requests, where disclosure may be legally required, and therefore reserve the right to reject a request for a restriction. Unless we have specifically agreed to your request we will not be able to accommodate it. If we do agree to the restriction we will be bound by our agreement except in the case of a legal requirement, emergencies or if the information is otherwise necessary to treat you.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice consists of two (2) total pages and must be considered in its entirety.

Implemented: 03/19/03, Revised: 06/20/04, 03/30/05

NOTICE OF PRIVACY PRACTICES (Page 2)

You have a right to inspect and obtain a copy of your health records - Although your health record is the physical property of this health center, the information contained in it belongs to you. Unless your access is restricted for clear and documented treatment reasons, you have the right to see your PHI. Your request must be made in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. There may be a fee for copies and we are permitted to withhold certain information from your records, such as psychotherapy notes.

You have a right to request an amendment to your health record – If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request, if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or, (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you.

You have a right to obtain an accounting of disclosures of your health information – You have a right to receive a listing as to what, when, to whom, and for what purpose your PHI was released for purposes other than treatment, payment, and healthcare operations. This list will not include disclosures made for national security purposes, to law enforcement officials or correctional facilities or those disclosures made before April 2003. We will respond to your written request within 60 days.

You have a right to receive confidential communications – You have a right to request, in writing, that we send you information at an alternative address or by alternative means and may choose how we contact you. We will agree to your request so long as we are reasonably able to do so.

You have a right to a paper copy of this notice.

You have a right to provide an authorization for the use of your health information not otherwise described in this notice - Any authorization you grant to us to use your health information may be withdrawn at any time so long as notice is given in writing. Further details of your rights in regard to an authorization will be detailed in the authorization form itself.

For More Information or to Report a Problem

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

Edward G. George, Privacy Officer
Manchester Community Health Center
145 Hollis Street
Manchester, NH 03101
(603) 626-9500

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. There will be no retaliation for filing a complaint.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed above.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
This notice consists of two (2) total pages and must be considered in its entirety.*

Implemented: 05/19/03, Revised: 06/20/04, 03/30/05



PATIENT BILL OF RIGHTS

145 Hollis Street n Manchester, NH 03101 n 626-9500

These patient **rights, rules** and **regulations** govern patient and Health Center conduct and responsibilities.

All patients will be treated with consideration, respect and full recognition of their dignity and individuality. Their need and desire for privacy in treatment and in the care of their personal needs will be made a priority. The needs and requests of patients within the framework of our mission's policies, and the laws and regulations by which we are governed, remain an overriding objective.

1. The ethical treatment of all patients is pledged by the Health Center.
2. The following services will be provided to our patients:

Outpatient Primary Care	Transportation
Outreach	Access to Care After Hours
Pregnancy Testing	Nutrition Counseling
Flu Clinics	Reproductive Care
Interpretation	Preventive Screening

3. Informed Consent will be secured from patients before any treatment or procedure is initiated.
4. Patients will be encouraged to participate in their care to the extent feasible and appropriate.
5. As appropriate, family members will be involved in helping the patient to make care decisions when that patient is incompetent to do so on his/her own, unless otherwise dictated by law. The Health Center will make available to all patients the opportunity to develop Advanced Directives so that their wishes can be made known.
6. The Health Center supports a patient's right to pain management and will assess and regularly re-assess the issue of a patient's pain.
7. The Health Center is obligated to conduct operations in accordance with HIPAA (Health Insurance Portability and Accountability Act) so that confidentiality and the patient's privacy may be safeguarded.
8. The Health Center will provide a secure environment for all patients and visitors.
9. The Health Center will communicate in a clear and understandable fashion, and will take into consideration the patient's primary language, any physical deficits the patient may have, and to the extent possible, the patient's level of comprehension.
10. Comfortable and reasonable access to all patient areas will be assured.
11. Those patients who present concerns or grievances about their care or treatment are entitled to an appropriate and timely response from the Health Center Administration.
12. Patients will conduct themselves as outlined in the Health Center's policy on appropriate behavior. Similarly, the Patient Contract for Care will bind the Health Center and the patient to specific sets of responsibilities and obligations.
13. If at any time you have a concern about the quality of care or safety of our environment, please let management know. If you are not comfortable in voicing your concerns with management, you may voice your concerns with **JCAHO** directly. Their COMPLAINT HOTLINE is (800) 944-6610. Your care will not be adversely affected as a result.

Should patients have questions, or need clarification about the Patient Bill of Rights, they may contact any senior manager by calling the President/CEO at 626-9500, extension 9513. Patients may also file concerns in writing by contacting one of the following:

Persons under 60 years of age:

Licensure Coordinator
Department of Health & Human Services
6 Hazen Drive
Concord, NH 03301
1-800-852-9945, Ext. 4592

Persons 60 years and older:

Ombudsman
NH Div. of Elderly & Adult Services
6 Hazen Drive
Concord, NH 03301
1-800-852-9945, Ext. 4592

In accordance with RSA 151:19-30, pursuant to RSA 151:29



PATIENT CONTRACT FOR CARE

145 Hollis Street • Manchester, NH 03101 • 626-9500

PATIENT NAME _____ DOB _____

This copy is for your records.

Manchester Community Health Center is a primary care clinic committed to serving you and your family.

As part of our contract with you, we pledge to provide:

- Services available as you need them, appropriately triaged by a trained nurse.
- Emergency coverage and availability of a physician on call 24 hours a day, 7 days a week by calling our office number (626-9500).
- Every effort will be made to refer you to the appropriate consultant(s) if we cannot provide the services you need.
- Timely care, as much as possible, in a health clinic where emergency and unexpected patient needs are a daily and unpredictable reality.
- Confidentiality about all your health problems except where we are obligated to report or disclose certain types of information (e.g. contagious diseases).
- Disclosure and honesty in communicating your health condition.
- Qualified and caring health providers and a courteous and conscientious staff who are customer-service oriented.
- Financial assistance on a sliding-fee scale based on income.

In return, we must expect from you:

Payment of co-payments and deductibles at the time of service. If you are unable to pay these, a payment plan will be developed with you.

To be honest and open with your caregiver. We cannot provide appropriate care without knowing the true details of your health history.

To develop a treatment plan with your caregiver and follow it to the best of your ability; and to be honest about what you have been able to do (or not do) when seen in follow-up. If you are unable to follow a treatment plan we will do our best to help you find out why, and change the plan or correct the problem if possible.

To be on time for all scheduled appointments. If you are unable to keep your appointment, call as soon as possible, preferably 24 hours prior, so that we can give your appointment time to others needing urgent care. **Our providers may ask you to reschedule if you are more than 5 or 10 minutes late for your appointment based on the length of the scheduled appointment.** If you miss an appointment due to lateness, it is still considered a missed (or broken) appointment. **If you miss your first new patient appointment, you will be denied services for six months.** The second offense will last for 1 year of denied services, and the third offense will last for 2 years of denied services.

If you miss 3 appointments in a calendar year, we must assume that you do not wish to receive care at this facility.

Your name may be removed from our active patient files. If that occurs, we may contact you by Certified Mail asking you to find another caregiver within 30 days. You may not access care again for six months as a minimum, the second offense will last for 1 year of denied services, and the third offense will last for 2 years of denied services.

To be truthful in disclosing the number of family members and family income in application for sliding-fee scale. This is a federal requirement. Failure to provide truthful data, or to notify us of changes, is considered fraud for which you could be held liable.

You are responsible for renewing your **Medical Assistance Card** before it expires. You will be unable to access discounted care or vouchers until your card is renewed. If you do not have a discount and have an outstanding balance of \$100 or more for more than 90 days, and are not compliant with a payment plan, you will be discharged from the practice and cannot re-access care for six months. If that should happen, you remain responsible for any outstanding balance on your account.

A willingness to work with us in developing an appropriate payment plan so that account balances can be effectively managed.

If you have any difficulty with these expectations, please speak to the Business Office Supervisor. If you are unable to fulfill these expectations, we will work with you to find a solution. Otherwise we will not be able to continue serving you, and we may suggest you seek care elsewhere.

We look forward to a caring relationship that maximizes your good health.

This copy is for your reference only... Your original signature will be scanned and kept on file.

Patient Signature

Date



Referral Payment Agreement
145 Hollis Street in Manchester, NH 03101 TEL 626-9500

PATIENT NAME: <i>This copy is for your records.</i>	D.O.B.
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From time to time, as part of your treatment at Manchester Community Health Center, it may be necessary to refer you for services outside of our office. These services may include:

- | | |
|-------------------------|---|
| Laboratory | Diagnostic testing (X-rays, Ultrasounds, CT scans or Radiology) |
| Inpatient hospital care | Specialty providers (cardiology, surgery, orthopedics, etc.) |
| Physical Therapy | |

These doctors and organizations are not part of Manchester Community Health Center. You will need to make arrangements for payment to these providers, directly.

If you have insurance: Medicare, Medicaid, or commercial insurance (Anthem, CIGNA, United Health, etc.). Please be sure to bring your insurance card with you to your appointment.

If you do not have insurance: You are responsible for making arrangements to pay for these services with the individual provider or hospital involved.

If you have an MCHC Medical Assistance Card: You are responsible for bringing your discount card with you to your appointment. *This is not an insurance card.* It only certifies your eligibility for discounted services at Manchester Community Health Center. You are responsible for paying any co-payment or discounted balance for services provided. **For hospital services requiring a physician's services (such as an ultra sound or x-ray, surgery or other service), you will receive two separate bills. Only the bill from the hospital may be eligible for the discount. You will most likely have to pay the bill from the physician in full, on your own.**

It is important that you bring your card with you.

Elliot Hospital & Lab– will accept the MCHC discount card as proof of eligibility for a discount on most services, including laboratory. For any balance due you will receive a bill directly from Elliot Hospital. You will need to talk DIRECTLY to their billing department with any concerns or questions.

Dartmouth Hitchcock Clinic – will accept the MCHC discount card as proof of eligibility for a discount on most specialty care services, with some exceptions (ask the MCHC Referral Coordinator for specifics). Please bring your card with you.

Catholic Medical Center/New England Heart Institute – will consider the MCHC discount card as part of the documentation for the hospital's own charity care programs. Please bring your card with you. You may be asked to provide further information upon registration and will be responsible for any balance payment due.

You may be referred to other specialty providers that may not accept the MCHC discount. These providers may have their own charitable care policies or you may be allowed to establish a payment plan. It is your responsibility to make arrangements for payment with these providers.

The Manchester Community Health Center discount card is not an insurance plan and cannot pay for these outside services on your behalf.

Please sign below to indicate that you have read and understand your responsibility for payment of services rendered outside of Manchester Community Health Center:

This copy is for your reference only... Your original signature will be scanned and kept on file.

Signature Patient (Guardian/Parent)

Date



HEALTH CARE FOR A STRONGER COMMUNITY

Manchester Community Health Center offers primary health care services for all people. We do not discriminate on the basis of age, economic status, national origin, disability, ethnicity, creed or sexual orientation.

We are YOUR Community Health Center.