

*A medical clinic providing free compassionate healthcare to the working uninsured*

POLICY AND PROCEDURE

**PATIENT ELEGIBILITY REQUITMENTS**

**Date: 10/2001** **Reviewed/revised:**

**POLICY:** Patients will be briefly screened by front desk personnel and/or executive director before accepting application for service. All information collected will be treated as confidential health information and the patient will be so informed.

#### PROCEDURE:

1. To qualify for service, patients must:
	1. Live or work in Coffee, Franklin, or Moore County
	2. Total household income is at or less than 250% of the federal poverty guidelines.
		1. If applicant files income tax independently from those in household, the applicant may be treated as a separate household. These applicants must meet all requirements as an individual.
	3. Someone in the household must work at least 20 hours per week.
		1. Work may be defined as the following:
			1. Seasonal Employment
			2. Self-Employed
		2. Exceptions to the requirement of working 20 hours per week can be made in the following situations.
			1. Full time student (12 + hours / semester), part time student in combination with part time employment
			2. Resident of Shepherds’ House or Haven of Hope, but not for those in their temporary hotel rooms.
				1. PFH will care for the duration of their stay in these homes. Once patients are living elsewhere, a new application must be filled out and patients will be re-evaluated for admission to PFH.
			3. Resident of Be the Bush Recovery Ministries, Breaking Chains, or other recovery ministries.
			4. Unemployment with an adequate reason, down-sizing or plant closing. Documentation is required, and individual would be elegible for care for a period of three months.
			5. Waiting for Medicaid or Disability
	4. Applicant can have no medical healthcare insurance.. (do we need to write “healthcare” or “medical”? I’ve seen in the past where some have had dental insurance thru work, but no medical)
2. Applications will ask the following:
	1. County of residence where they work or live.
		1. Verified by a piece of mail for residence
		2. By letterhead or information on the check stub for employer.
			1. Number of hours worked per week or other circumstance.
	2. Health insurance status
	3. Proof of income by any of the following:
		1. a statement from the employer on letterhead, or the last two check stubs,
		2. a log maintained by the applicant if they are self employed,
		3. Employment Verification form signed by their employer. (We have had an instance where employer is out of county, but actual building patient reports to for work is in our service area.)
	4. A photo identification
3. After eligibility is determined and patient has been notified, an appointment can be scheduled
4. All interactions shall be conducted in a professional, friendly manner.
5. Applicants living in Be the Bush Ministries, Breaking Chains, or other recovery ministries will be given a urine drug screening at first appointment to determine future eligibility as a patient.
6. All applicants are subject to a urine drug screening at the discretion of the provider.
7. The applicant’s phone number or method of contact should be verified
8. If it does not appear that applicant will be eligible, other referral sources should be offered.
9. We do not see patients for Workman’s Comp issues while workman’s comp is providing care for their specific issues. (I have spoken with SVMIC. They say it is acceptable to care for the workman’s comp issues once workmans comp is finished and Patient is no longer utilizing it.)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_