

MERCY MEDICAL CLINIC

New Patient Application – Read This First

Revised 12-14-2011

Dear Prospective New Patient:

Mercy Medical Clinic is a Christ-centered free clinic staffed with volunteer medical providers. Our mission is to provide compassionate medical care to the uninsured and financially disadvantaged. Our patient load is currently at capacity. However, we are trying to add new patients as space becomes available and more volunteer providers are recruited. The wait time for the initial appointment for new qualified patients is approximately 6 weeks. If you need to be seen sooner you may need to seek medical attention elsewhere.

In order to qualify for care at Mercy Medical all of the following criteria must be met:

- 1) Patient must live in Shelby County (our primary focus), Jefferson, Henry or Spencer Counties. Proof of residing in these counties must be provided including a photo ID.
- 2) Patient must not have any type of health insurance or medical coverage and demonstrate financial need. Proof of income of all adults residing in the home must be provided. If patient states there is no income source then documentation explaining how the prospective patient is living without any source of income must be provided.

Please be aware of the following Mercy Medical Clinic policies:

- a) We do not do pain management and it is not our policy to prescribe narcotics or pain pills. So, please do not ask for them.
- b) Being a patient at Mercy Medical is a privilege and there are many who desire to be patients. Our volunteer medical providers may require that a patient make changes in their lifestyle in order to be healthier. If a patient demonstrates a lack of such commitment it is possible that medical services will be offered to others who are willing to make the necessary adjustments to their lifestyle.



615 Washington Street
Shelbyville KY 40065

PHONE (502) 647-4668
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WEB SITE <http://www.operationcareky.org>

c) In order to make sure our patients truly desire our services there is a limit of 3 "No-Shows." After 3 missed appointments in which the patient failed to notify us ahead of time, the patient will be dismissed from our clinic. We believe "No-Shows" demonstrate a lack of concern about the patient's own health, it also shows a lack of concern for others, both for our volunteer medical providers, and for other patients who could have been here at the time of the missed appointment. Once a patient makes an appointment they are responsible for being present, regardless of whether they receive a courtesy reminder phone-call from us or not.

d) A co-pay of \$10 is requested and expected, paid in advance, for visits with a medical provider (MD, Nurse Practitioner, PA, Physical Therapist). Lab costs are separate. Lab work must be scheduled when the patient is able to pay for the particular blood tests needed. These costs are minimal, and we are grateful for LabCorp's generosity in providing their services at a substantial discount to our patients.

If you believe that you meet the above qualifications and would like to submit an application, please fill out the following form and include copies of the requested documentation along with a money order or cashier's check in the amount of \$10. If dropped off, \$10 cash will be accepted. Please note that personal checks will not be accepted. You may mail or drop off the application at the clinic during office hours, Monday – Thursday, 9 AM to 5 PM. If mailed, do not send cash.

Incomplete applications will not be processed. Complete applications will be processed as space becomes available in the clinic. The Clinic Administrator will call you when an appointment becomes available in order to schedule the appointment.

Please note:

1) If the phone number included in the application is disconnected or inactivated when the administrator attempts to contact you, the application will be discarded. If your phone number changes after submission of your application you must notify us of your new number.

2) If an appointment is made for you, your \$10 money order/cashier's check will be applied to your first appointment's co-pay. If you do not come for your first appointment, you will not only lose the \$10 co-pay, you will become ineligible to be a patient at Mercy Medical in the future.

3) If it is deemed that you do not qualify as a patient then a reimbursement check for \$10 will be mailed to the address indicated in your application.

Feel free to call us with any questions at 502-647-4668. Thank you,

Clinic Administrator

New Patient Application

Please fill out this form completely, include copies of the requested documentation and include a money order or cashier's check in the amount of \$10. Incomplete applications will be discarded. The \$10 check will be returned if patient does not qualify. If an appointment is given, the \$10 will apply as the co-pay for the first appointment.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Medical reason(s) for requesting an appointment: _____

Checklist. Include copies of:

____ Past year Federal 1040 Tax Form

If Federal taxes were not filed, provide copies of previous year W-2 wage form. If unable, then include the two most recent pay stubs for all adults living in the home. If unable, then a letter from landlord explaining how the prospective patient is paying for rent, food, and other living expenses (or similar documentation).

____ Photo ID (name and address must match patient data above). A copy of a photo ID is required, regardless of address on the ID. If the address does not match the address given above you must include a copy of bill (KU, AT&T, etc) that matches the address given above.

____ \$10 money order or cashier's check made out to Mercy Medical Clinic. Personal checks are NOT acceptable and will deem an application to be incomplete.

I solemnly declare that I am unable to obtain health insurance and that I am not covered by any private or public health policy. If and when I am able to obtain coverage I will notify Mercy Medical of the change. I have read the accompanying information about Mercy Medical and agree to abide by the clinic policies if I am accepted as a patient.

Signature

Date

Mail or drop off this form, accompanying documentation, and money order/cashier's check to:

Mercy Medical Clinic
615 Washington St
Shelbyville KY 40065

Clinic Office hours are: Monday – Thursday, 9 AM to 5 PM.