**THE BLUE RIDGE FREE CLINIC’S RIGHT TO ACCEPT or DECLINE PATIENT ENROLLMENT**

**Our mission is that the free clinic will be a “BRIDGE TO HEALTH”, helping anyone with unmet healthcare needs, with the hope that we can assist patients to find long term, sustainable, and affordable primary care in the community. This is our goal for every person, if possible.**

**Occasionally, there are situations when care at the Blue Ridge Free Clinic may not be offered. The decision to decline or accept a patient is always made in the best interest of the person seeking care, given any limitations on the services we are able to provide as a free clinic staffed by volunteer clinicians.**

**THE BLUE RIDGE FREE CLINIC staff may determine that your medical condition requires treatment by a different healthcare facility or emergency department, or that you should receive care from another healthcare provider, based on your healthcare needs, insurance or financial status.**

**The Blue Ridge Free Clinic staff reserves the right to decline to accept any patient for treatment who they determine requires emergency care or who should establish care in another facility better suited to their individual situation or medical needs.**

**The Blue Ridge Free Clinic *does not offer care* for patients seeking *disability physicals* or treatment associated with *workman’s compensation* claims.**

**Anyone who provides false information, uses abusive or threatening language/behavior will not be allowed to be a patient at the Blue Ridge Free Clinic.**

**Please ask our staff if you have any questions about this policy.**

**Susan Adamson, FNP, Volunteer Director**

**540-705-0337 Ext 5**

**Admin@blueridgefreeclinic.org**

**FINANCIAL PAGE MUST BE COMPLETED UNLESS: (STAFF TO CIRCLE)**

**Patient is a MINOR CWS/REFUGEE HAS Insurance/Medicaid**

**NO SRMH SERVICES (ie..work notes/in-house testing only) OTHER:**

**IMPORTANT FINANCIAL INFORMATION**

**\*\*FREE CARE IS PROVIDED AT OUR OFFICE – *BUT THERE MAY BE BILLS FROM OTHER PROVIDERS.\*\****

**ALL CARE PROVIDED AT THE BLUE RIDGE FREE CLINIC IS FREE, HOWEVER *WE WILL HELP YOU* RECEIVE FREE OR LOW-COST CARE, LABS/XRAYS AT SRMH, MEDICATIONS, AND OTHER REFERRALS IF YOU COMPLETE THE HOUSEHOLD INCOME SCREENING BELOW:**

**PATIENT’S INCOME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per (circle) 1 week, 2 weeks, month, year

**SPOUSE’S INCOME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per (circle) 1 week, 2 weeks, month, year

**Income from anyone else in your household, with whom you file taxes – please add amount**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per (circle) 1 week, 2 weeks, month, year

**Number of adults in household**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of children under 18 in household:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sources of Income (circle)**: employment unemployment social security veterans benefit SSDI pension alimony child support interest/dividends

**Proof of Income (circle)**: pay stubs tax returns Unemployment letter SNAP letter Social Security letter Other

**Patient Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT NAME PRINTED BY STAFF(must match ID):**

FOR OFFICE USE ONLY

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**FPL %** = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BRFC Card Issued**: Y/N **Exp:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by BRFC staff**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_