



### Become an Established Patient

As an established patient, you will have access to our medical, dental, eye and behavioral health clinics as well as counseling and social services. You will also have access to our volunteer network including specialty care, hospitals and diagnostic services. These services are offered to you on a sliding scale based on the income documents that you submit.

**SEE DEFINITION OF TERMS ON BACK.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Last 4 Numbers of SSN \_\_\_\_\_ Preferred Language \_\_\_\_\_

**To be approved as an established patient**, you must live in Shelby county **AND** work at least 20 hours a week. You must turn in documentation verifying residency and employment noted below. You have 90 days to submit the documentation or you will not be eligible to become an established patient.

**Proof of Shelby County residency.** This includes valid TN ID or metered mail, such as a utility or phone bill.

**Proof of employment.** This includes one month of check stubs, W2 or 1040, bank statement (for direct deposit proof only) or official letter of employment on company letterhead.

If you **do NOT work**, the following are exceptions that will allow you to become an established patient. Please check one of the boxes below and provide the required documentation within 90 days.

**Proof of full-time student (12 or more credit hours).** This includes school schedule or award letter.

**Primary caregiver of children in the household.**

**In the following table, please list the patient and any person in the family unit. Please bring in at least one document per person listed. Examples include one month of check stubs, W2 or 1040 or bank statement (for direct deposit proof only).**

Family Member Name	Relationship	Age	Source of Income	Hours worked per week	Weekly Pay	Annual pay

I certify that the above information is true and accurate to the best of my knowledge and understand that I have 90 days to provide all documentation needed to qualify as an established patient. During this 90-day period or until you present the required documentation, you will be placed in a PENDING status for eligibility.

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

Update July 2017

Scan under document management/patient eligibility application

## **DEFINITION OF TERMS**

**Established Patient** – An established patient of Church Health has access to all aspects of medical care. This means that you will be treated by physicians who are employed by Church Health, or who are a part of our volunteer network of specialists. Established patients also have access to hospitals, diagnostic facilities and labs included in our volunteer network.

**Uninsured** – To be eligible for access to our volunteer network, you must be uninsured. You must also not be eligible for affordable medical insurance coverage. Church Health staff may be able to identify affordable coverage options available to you and provide enrollment assistance onto an insurance plan. If you are interested in these coverage options, please call 901-272-7526.

**Volunteer Network** – Church Health has an extensive group of volunteer doctors, hospitals, diagnostic and lab facilities throughout the community who donate their time to care for our patients. These volunteer doctors are not employed by Church Health, helping to keep costs down and allowing us to offer the highest level of care available.

**Sliding Scale** – This is a variable fee for care based on a patient's ability to pay. This fee is reduced for those who have lower incomes, based on household income and size. This is the reason documentation of income is needed to become an established patient.

**Pending Status** – A patient is assigned a pending status when their application is completed, but supporting documentation has not been submitted. When all necessary documentation has been submitted, a patient's status will be reassigned. A pending status will expire after 90 days.

**Family Unit**- A group of two or more persons who live together and support each other financially. Generally, all persons living together in one physical location are considered members of one family unit. Unrelated individuals living in one physical location may be excluded from the family unit. Examples of unrelated individuals include: roommates, friends, or those living in group housing.

**UPON COMPLETING THIS FORM, PLEASE BRING THIS FORM AND REQUIRED DOCUMENTS TO YOUR NEXT APPOINTMENT. YOU MAY ALSO FAX THE FORM AND COPIES OF THE REQUIRED DOCUMENTS TO 901-722-8078 OR YOU MAY MAIL THEM TO 1350 CONCOURSE AVE., SUITE 142, MEMPHIS, TN, 38104 ATTN: MEDICAL FRONT DESK.**