

*** this informational sheet is yours to keep ***



Open Door Clinic

1390 Capital Blvd Raleigh NC 27603

Phone: 919-836-1642

Non-Clinical Fax: 919-836-1352

Clinic Fax: 919-834-7306

The Open Door Clinic is a primary care office that provides primary care and specialty care, with a focus on chronic illness management.

Who does Open Door Clinic serve?

- ✓ Adult (18 years or older)
- ✓ Non-Pregnant
- ✓ Wake County Residents
- ✓ Uninsured
 - No health insurance, or access to health insurance through an employer or other program (including VA benefits)
 - No Medicare (Part A and/or Part B)
 - No Medicaid (except Medicaid Family Planning Waiver – must have denial letter or card)
 - Note that clients will be asked to present a Medicaid denial or termination letter in order to be eligible
- ✓ Low income (250 % of the federal poverty guidelines)
 - Less than \$3,038 gross monthly income for 1 adult
 - Less than \$4,108 gross monthly income for a family of 2
 - Less than \$6,250 gross monthly income for a family of 4

**Legal status does not disqualify you for services.*

The Open Door Clinic provides the following services to Basic Access patients by appointment:

- Non-emergency care for both acute and chronic illnesses
- Comprehensive diabetes management and risk reduction program
- Disease prevention through a comprehensive immunization program, health education, and dietary counseling
- Diagnostic services, such as labs at our on-site laboratory
- On-site specialty clinics for ophthalmology, podiatry, cardiology, nephrology, and gynecology
- Written Prescriptions for patients to take to a pharmacy of their choice and pay out of pocket for their medications

The following services are available for Enhanced Access patients:

- Referrals for specialty follow-up for other needs as applicable
- Prescription medications from on-site licensed pharmacy at no charge to the client (*no controlled substances or narcotics*)

What is Basic Access v. Enhanced Access?

The Open Door Clinic offers two programs of care for patients to established care based on their medical needs. With either program of care, the Open Door Clinic would become the patient's primary care home with an \$40 annual administrative fee.

Services	BASIC ACCESS	ENHANCED ACCESS
Medical Visits (onsite services) <ul style="list-style-type: none"> Primary Care/ Specialty Care/ Diabetes Education/ Mental Health 	✓	✓
Laboratory Visits	✓	✓
BASIC Referrals (offsite services) <ul style="list-style-type: none"> X-Rays / Some Dental / Physical Therapy 	✓	✓
SPECIALTY Referrals (offsite services) <ul style="list-style-type: none"> Diagnostic Testing/ Consults 		✓
Medications	Written Prescriptions	✓
Vaccinations	ONLY Tetanus & Hepatitis	✓

What is the difference in applying for either program of care?

Documents Required	BASIC ACCESS	ENHANCED ACCESS
Photo ID	✓	✓
Proof of Wake County Residence	✓	✓
Proof of Income & NON-Income (<i>all household members</i>) OR Letter of Support (<i>if no income</i>)		✓
Medicaid/Medicare denial letter	✓	✓
Employer insurance benefits package (<i>if offered</i>)		✓
Copy of Taxes, Green Card, Visa, Employment Card (<i>if applicable</i>)		✓
Yearly Renewal - \$40 annual administrative fee	✓	✓ (By appointment)

Hours of Operation

	Monday	Tuesday	Wednesday	Thursday
Clinic	9am - 5pm	9am - 6pm	9am - 6pm	9am - 5pm
Pharmacy	10am - 4pm	10am - 4pm	10am - 4pm	10am - 4pm

How to make the Open Door Clinic your primary care provider?

To establish care, please send **completed & signed Basic Application**, along with a **copy of your Photo ID** and **proof of Wake County residency** (recent utility bill, bank statement, etc.) by:

Email: accesstocare@urbanmin.org **Fax:** 919-836-1352 **Mail:** 1390 Capital Blvd. Raleigh NC 27603

Drop Off: There is a secure drop off box at our office, to the right of our front glass doors, a black mailbox.

You can find the Basic Application on our website (www.urbanmin.org) or blank copies to the left of our front glass doors at 1390 Capital Blvd. Raleigh NC 27609.

Please allow 3-4 weeks to process your documents. Call 919-746-0098 if you have any questions.



Open Door Clinic

Basic Access Application
Access to Primary Care Services

The Open Door Clinic provides primary care and specialty care, with a focus on chronic illness management to those in our community who are...

- ✓ Adult , Non-Pregnant, Wake County Residents
- ✓ Uninsured (have no health insurance/no access to health insurance)
- ✓ Low income 250% FPL (less than \$3,038 for one person OR less than \$6,250 a month for a family of 4)

To establish care, please send this **completed & signed application**, a **copy of your Photo ID**, **proof of Wake County residency** (recent utility bill, bank statement, etc), and **Medicaid acceptance/denial letter**.

Send in your documents by:

Email: accesstocare@urbanmin.org **Fax:** 919-836-1352

Mail: 1390 Capital Blvd. Raleigh NC 27603

Drop Off: There is a secure drop off box at our office, to the right of our front glass doors, a black mail box. Please allow up to 3-4 weeks for us to process your documents. Call 919-746-0098 for any questions.

FULL Legal Name: _____		Date of Birth: ____ / ____ / ____	Gender : MALE FEMALE
SSN: _____	<input type="checkbox"/> NONE	Citizenship Status: <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> FOREIGN CITIZEN W/VISA	
Tax ID: _____	<input type="checkbox"/> NONE	<input type="checkbox"/> ALIEN W/LEGAL EMPLOYMENT CARD	<input type="checkbox"/> UNDOCUMENTED
Marital Status:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		
Race:	<input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> PREFER NOT TO ANSWER		
Ethnicity:	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> PREFER NOT TO ANSWER		
Residential Address (patient MUST provide proof)		Patient Contact Information	
Street: _____ Apt/Lot #: _____		Cell: _____ Home: _____	
City: _____ NC, Zip Code: _____		Email: _____	
Mailing Address (patient MUST provide proof)		Emergency Contact (MUST be different telephone# from patient)	
Street: _____ Apt/Lot #: _____		Name: _____ Relationship: _____	
City: _____ NC, Zip Code: _____		Telephone: _____	
What is your means of transportation? <input type="checkbox"/> own <input type="checkbox"/> public <input type="checkbox"/> uber/lift <input type="checkbox"/> walk <input type="checkbox"/> family/friends provide rides		Medicaid Recipient ID: _____	
How did you hear about Open Door Clinic? _____			

I, _____, attest that there are _____ in my household and our
(Patient name) (Total # of people in your household, this includes minors and YOURSELF)

estimated monthly gross income is \$ _____ as of today, ____ / ____ / ____.

I acknowledge that I have thoroughly read the Open Door Clinic Policies and Procedures (on the back). My signature below acknowledges my understanding of and willingness to follow each of the stated policies.

Patient Signature: _____

Date: ____ / ____ / ____

Acknowledgement of Open Door Clinic Policies and Procedures

The Open Door Clinic has an **ANNUAL** administrative fee contribution of **\$40 per patient**. This donation will be solicited at the time of your paperwork renewal and can be paid in full or in installments at any point during your eligibility period. Payments can be made with our Resource Coordinator located in our front lobby via cash or credit/debt card during office hours (M-Th from 9am - 5pm).

1. **Accuracy of Information.** I understand that Urban Ministries of Wake County, Inc. is able to operate its Open Door Clinic due to generous contributions from concerned individuals, religious groups, businesses, and civic organizations. **Services are available only for non-pregnant low-income Wake county residents who meet criteria guidelines. I attest that the information that I have provided is correct.** I understand that I may need to provide documentation of income and other items. **I further understand that if any of my information changes- residency, income, insurance status- I must inform Open Door Clinic staff of those changes immediately.** If the information provided is NOT correct, or if I do not inform Urban Ministries of Wake County, Inc. of changes, I understand that I will not be allowed to receive services.
2. **Consent for Treatment.** **I hereby voluntarily consent to be examined and evaluated by the medical staff of the Open Door Clinic of Urban Ministries of Wake County, Inc., and to be tested and treated as deemed necessary and appropriate by them. Among the services I receive, I may be tested for HIV/AIDS.** I may decline this testing when offered. The staff will discuss the testing and treatment with me and answer my questions as fully as possible. I hereby give my consent to the Open Door Clinic health care provider to administer the vaccine(s) I have requested or that are ordered by the healthcare provider. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the vaccine(s) and have received, read and/or had explained to me the Vaccine Information Statements on the vaccine(s) I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.
3. **Child Safety.** I hereby acknowledge that medications received from Urban Ministries of Wake County, Inc. Open Door Clinic Pharmacy may **NOT be in childproof packaging, and I agree to use and store medication appropriately to safeguard children.**
4. **Clinic Standards and Code of Conduct.** I understand that I am forbidden to bring concealed weapons and any illegal substances into the Open Door Clinic. **I understand that acts that endanger the health and safety of me or others or which substantially interfere with the orderly operations of the facility will not be tolerated.** I understand that disrespect to any and all staff or other clients of the Open Door Client, **violence, threatened violence, or other illegal conduct towards any and all staff, volunteers or clients of the Open Door Client is not permitted** and will be recorded and handled according to the code of conduct procedures.
 - 1st offense: Verbal and written warning.
 - 2nd offense: Mandatory meeting with appropriate staff personnel.
 - 3rd offense: Patient will be deemed ineligible for services from the Open Door Clinic.
5. **Confidentiality.** **I authorize representatives Urban Ministries of Wake County, Inc. to request and/or release all information concerning my medical history, prescription record, applications for assistance, and such other information as may be needed to the most appropriate treatment plans.** If I authorize another person or agency to request that Urban Ministries of Wake County, Inc. release my medical record to them, I understand that a record to prescriptions filled is included in the medical record. I may revoke this authorization at any time in writing; otherwise, this consent is valid for one year from the date signed and witnessed.