

ASHE COUNTY FREE MEDICAL CLINIC, Inc.

PO Box 1506, 105 E. Main St., Jefferson, NC 28640

(336) 846-4649 clinic@acfmc.org

Understanding and serving the health and wellness needs of the medically uninsured living and working in Ashe County, North Carolina

GENERAL INFORMATION ABOUT BEING A CLINIC PATIENT

1. You must establish your eligibility to be a Clinic patient. It is not hard. We will help.
2. You must make an appointment to be treated at the Clinic.
3. The Clinic cannot treat you if you are pregnant or think you are pregnant.
4. The Clinic is unable to treat children under 18.
5. The Clinic is staffed by unpaid volunteer doctors and nurses.
6. Treatment for most common acute and chronic illnesses is available.
7. The Clinic does not provide emergency medical services.
8. Sexually transmitted diseases are not treated at the Clinic.

BASIC QUALIFICATIONS TO BE A CLINIC PATIENT

1. You must not have private health insurance.
2. You don't have or don't qualify for Medicaid, Medicare, NC Health Choice, TriCare or Veterans Benefits.
3. You must live or work in Ashe County.
4. Your total household income must meet our requirements.
5. You must apply and come to a one-time Interview to determine your eligibility.

HOW TO MAKE AN APPOINTMENT FOR AN INTERVIEW

1. Call the Clinic, 846-4649. Remember appointments are needed for an interview.
2. Fill out an application during the interview.

WHEN ARE INTERVIEWS DONE?

Interviews for eligibility: Tuesdays, 4:00 p.m. - 6:00 p.m.

WHAT TO BRING TO YOUR INTERVIEW

1. Proof of Address:

We will need to see proof of where you live.

Bring at least one of the following:

- North Carolina Driver's License or Learner's Permit
- Current Electric or Telephone Bill
- Bank Statement
- NC voter registration card
- Current Social Services check or letter
- Current County/City billing statement
- Current rent, lease, or mortgage statement or receipt showing your address, your name, and your landlord's name and address
- A letter from your employer if they provide housing
- If you are staying in a temporary shelter, please bring a letter showing the name of the shelter and stating that is where you are staying.

WHAT ELSE TO BRING TO YOUR INTERVIEW

2. Proof of Income:

Everyone in the home* who works must produce proof of income.

Bring at least one of the following:

- Healthcare Access Identification Card (formerly Doctor's Care)
- Federal tax return for last year and a copy of your pay stub or disability/retirement payments
- Copy of the last two pay stubs
- Copy of the last two disability or retirement checks, or your bank statements if your payments are direct-deposited.
- If you are paid in cash, a "Verification of Income" form must be completed and signed by your employer.
- If you are self-employed, bring your account book or a record of state sales tax revenue for the past year and last year's Federal tax return.
- If you have no income, we need a letter from the person who provides food and shelter for you. That person must provide the above Proof of income.
- If you have lost your job recently, bring your last two pay stubs and what you may be receiving in unemployment.
- If you are living on savings, please bring your last three bank statements.

*Definitions:

Household: All members of the immediate family who live together. This includes parents, children and grandparents. Proof of identity is needed for each family member listed on your application. Members of the immediate family who do not live in the home but you can prove you support them.

Individual: A single person who lives alone or with someone else but is not a member of that household.

WHAT TO BRING WITH YOU TO YOUR MEDICAL APPOINTMENT

1. Any medical information you may have about you from doctors or hospitals.
2. All of your prescription medicines.

A FINAL REMINDER

- Appointments are recommended.

To Make All Appointments or for Assistance

(336) 846-4649

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