



Welcome Packet

Please sign and date last page and return to ODHC staff

ODHC Mankato

Medical, Behavioral Health & Dental
309 Holly Lane
Mankato, MN 556001
Tel: (507) 388-2120

ODHC Jordan

Dental
115 Broadway Street South #600
Jordan, MN 55352
Tel: (952) 492-6342

ODHC Clarkfield

Dental
1025 10th Avenue
Clarkfield, MN 56223
Tel: (320) 669-7564

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WELCOME TO OPEN DOOR HEALTH CENTER!

We are so pleased that you have chosen us to be your healthcare partners. ODHC is a Federally Qualified Health Center (FQHC), which means two very important things: the first is that everyone is welcomed through our doors. There are no exclusions of any type. The second is that ODHC is YOUR health center. All FQHCs are run by their patient members. So, if you feel we are not meeting your needs, please let us know. Also, if you would like to serve on our Board of Directors, please let us know.

When you choose to become a health center patient member, you are automatically registered for every service we offer. Services offered at our Mankato location include not only comprehensive medical, dental, behavioral health, and nutrition services, but also help with other challenges you may be facing such as transportation, housing, insurance enrollment, and accessing affordable medications. Our satellite clinics located in Jordan and Clarkfield offer comprehensive dental services. All of our staff have access to your registration information, so it will not be necessary to re-register if you want or need additional service.

As a Certified Health Care Home, our philosophy of healthcare is that healthcare is not limited to coming to the health center. It also has to do with eating healthy foods, getting enough exercise, having meaningful relationships, and enjoyable employment. We are interested in all of these things and think of them as part of 'whole health care.' Our staff can help you find the right resource for any of these building blocks of a healthy life.

We want to put you in the driver's seat when it comes to making treatment decisions. You know your body best. We know healthcare. So together, we make a good team!

Open Door Health Center offers no cost language assistance for individuals through Stratus Video™. Stratus Video™ provides our patients with the interpretation assistance they need through face-to-face interactions.

If you have any questions, concerns, or suggestions at any time, please do not hesitate to contact one of our staff. And once again, thank you so much for choosing us as your healthcare partner.

Sincerely,

Doug Jaeger
CEO

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YOUR HEALTH CARE HOME

Health Care Home Service Notice

Many people visit medical doctors, dentists, and behavioral health professionals and feel lost in the system. Your Health Care Home care team will listen to your questions and help you make the right choices.

What to know

A certified Health Care Home is a primary care clinic that provides patient-centered, team-based care. You and your health care needs are the focus.

Care teams help coordinate your care so you get the support you need. The team includes you, your doctor, a nurse practitioner or physician assistant and their team members and others involved in your health, such as family and friends.

A Health Care Home provides you with:

- Care focused on you as a whole person.
- A personalized care plan just for you.
- Continuous access to a medical provider 24/7. Call 507-388-2120 after hours to reach assistance.
- Coordinated care that meets your needs.
- Recognition of your preferences, values and preferred way to communicate.
- Help in setting your health goals.
- Information to help you learn about health and treatment choices.

Open Door Health Center has been a certified Health Care Home since 2013. Our care teams look forward to providing patient-centered care that focuses on **YOU** and your health care needs.



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PATIENT POLICIES

MEDICATION REFILL POLICY

It is important to realize that you are not a patient of record until we see you for your first visit. We cannot provide any prescription refills, fill out any forms, or provide you with advice until your first appointment. **To avoid running out of medications during the time you are changing offices, be sure to get at least a two month supply of any medications you take from your current doctor before transferring your records.** Call your pharmacy to ensure you have enough refills.

CHRONIC PAIN PHILOSOPHY

Open Door recognizes that the principles of quality medical practice dictate that our patients have access to appropriate and effective pain relief and/or access to controlled psychotropic substances. The current knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain and/or psychiatric conditions as well as to reduce the morbidity and costs associated with untreated or inappropriately treated conditions based on the U.S. Department of Health and Human Services (DHHS), Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain – United States, 2016, and the State of Minnesota opioid prescribing Guidelines reinforces that providers should not fear board action for treating pain or psychiatric conditions with controlled substances as long as the physicians' prescribing is consistent with appropriate pain management/psych practices, such as the above referenced CDC guidance.

APPOINTMENT ATTENDANCE AGREEMENT

It is the policy of Open Door Health Center to monitor and manage appointment no shows, late cancellations and late arrivals. If it is necessary to cancel an appointment, patients are required to call and inform staff directly or leave a message at least 24 hours before their appointment time. Notification allows ODHC to better utilize appointments for other patients in need of prompt care.

RED FLAG RULES

To protect Americans from identity theft, the Federal Trade Commission recently passed laws that require us to take measures that protect our patients from identity theft. This will affect patients in several ways:

1. New adult patients will be required to provide a photo ID for their chart.
2. Established adult patients will have their photo ID verified once a year.
3. All patients with insurance must provide a copy of their card for their chart.
4. If you suspect that someone else has used your insurance information or otherwise stolen your identity, report it immediately to local police and to our Business Office.
5. We will investigate cases where possible identity theft or use of another person's insurance or other information may have been used illegally. When appropriate, we may require additional documentation to verify a person's identity. We will notify authorities in cases where we reasonably believe that identity theft, fraud, or other illegal activity has occurred.



CARE OF A MINOR

In accordance with Minnesota Statute § 645.45 an individual under the age of 18 years, may not receive health care services without the written, informed consent of the parent or legal guardian, unless otherwise specified by Minnesota Statutes.

REGISTRATION

A parent or guardian must be present to provide written consent at the first visit prior to the minor receiving health care services at Open Door Health Center. A consent form will be provided for the parent or guardian to complete. This form allows the parent or guardian to designate an adult individual as Designated Decision Maker to make decisions in their absence and on their behalf. Registration staff will ensure the consent form is properly completed and answer any questions the parent or guardian may have.

TREATMENT OF AN UNACCOMPANIED MINOR

A provider may provide care to an unaccompanied minor if:

A valid consent to treat is on file and a Designated Decision Maker as "SELF" is listed or documented in a care plan that a minor child may attend future visits alone. If a previously agreed upon care plan does not exist, a parent or guardian may consent either verbally (e.g. by telephone) or in writing (e.g. fax). In the event a parent or guardian cannot be reached to provide consent, the patient will not be treated and the appointment will be rescheduled unless doing so would be detrimental to the patient or is a legal exception to obtaining parental consent as specified in Minnesota Statutes §§144.341-144.347.

PATIENT PAYMENT POLICIES

It is ODHC's objective to complete most collections at the time of service and minimize patient accounts receivable. All patients are expected to either present proof of third party coverage for services or make some payment for services rendered at the time of service. Patients with partial third party coverage will be expected to make a small co-payment for services rendered and as required by third party insurance carriers. Patients not making payment the day of services will be expected to set up a payment plan and be billed for outstanding charges.

Patients with outstanding balances are made aware of such when registering for a visit and are expected to make some payment on said outstanding balance. Services will continue to be provided to patients with delinquent accounts, those on which a scheduled or expected payment did not occur. Billing Specialists make reasonable efforts to collect on patient accounts receivable. No patient is denied emergency service because of an inability to pay regardless of the existence of a delinquent account. No patient will be denied non-emergency service because of an inability to pay. Patients who do not exhibit inability to pay and yet do not pay for services may be discharged from the clinic.

INSURANCE COPAYS:

Insurance copays are expected at the time of service. ODHC will bill copays if not paid at the time of service. Payment in full is expected within 30 days of receipt of the statement.

PATIENT BALANCES AFTER INSURANCES:

If a patient has a balance due after billing the insurance company, the patient will receive a statement showing the amount due. Payment in full is expected within 30 days of receipt of the statement. Patients will receive a monthly statement until the account is paid in full. If a patient is unable to pay the total due on their statement, they need to contact the billing department to make arrangements for a payment plan.

FINANCIAL ASSISTANCE:

Any ODHC patients may apply for the Sliding Fee Discount Program as outlined by the U.S. Department of Health and Human Services. The program allows a patient to receive a discount for services based on their family size and annual income compared to the Federal Poverty Guidelines (FPG). Only patients verified to fall under 200% of the FPG are eligible for a discount.

If you do not have insurance, please contact our enrollment department to apply for coverage. If coverage cannot be obtained through the state's enrollment system, you may be eligible for a sliding fee scale based on your annual income. Annual income must be verified by ODHC staff.

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NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

- You have the right to receive respectful, compassionate care in a safe and non-threatening environment regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- You have a right to know the identity and professional status of all health care team members providing your care.
- You have the right to be informed about your diagnosis and prognosis, if it is known, and to be informed about the risks and benefits of all treatment options offered to you. You have the right to written informed consent prior to any non-emergency medical procedure.
- You have the right to choose a Primary Care Provider (PCP) and to transfer your care to another PCP within the health center or to another practice.
- You have the right to privacy during treatment within the capacity of the facility.
- You have the right to request the presence of an escort during any type of examination.
- You and any family or friends you designate have the right to participate fully in decisions about your care, including the right to refuse treatment.
- You have the right to communication that you can understand, including provision of language interpretation services, if needed, at no cost to you.
- You have the right to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing your access to medical care.
- You have the right upon request, to receive information regarding opportunities for financial assistance and free health care services.
- You have the right to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- You have the right to life-saving treatment in an emergency without discrimination related to economic status or source of payment and without delaying treatment purposes of prior discussion of the source of payment, unless such delay can be imposed without material risk to your health.
- You have the right to examine and receive an explanation of your itemized bill, including 3rd party reimbursement, regardless of the source of payment.
- You have the right to voice your concerns about the care you receive. If your concern is not resolved to your satisfaction, please contact:

*Clinic Compliance Manager
309 Holly Lane
Mankato MN 56001*

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YOUR RESPONSIBILITIES

- You are expected to provide complete and accurate information regarding your name, date of birth, address, telephone number, and insurance carrier, when requested.
- You are expected to provide complete and accurate information about your health and medical history.
- You are expected to keep scheduled appointments, be on time, and call ahead if you cannot keep an appointment.
- You are expected to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for informing your provider. You are responsible for the outcome if you do not follow the plan of care recommended by your provider.
- You are expected to treat all staff and other patients with respect and not to behave in a disruptive, disrespectful, or threatening manner.
- You are expected to provide information necessary for claim processing and to be prompt in payment of your bills.

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PATIENT VERIFICATION OF RECEIPT

My signature below is to verify that I was given a copy of each document listed below. I understand that I may request a new copy of these documents at any time.

- Medication Refill Policy
- Chronic Pain Philosophy
- Appointment Attendance Agreement
- Red Flags Rule (Identity Theft) Notice
- Care of Minor
- ODHC Patient Payment Policy
- Patient Rights Notice
- Health Care Home Service Notice

Print Patient Name

Patient/Guardian Signature

Date

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