



6260 E. Colfax Avenue, Denver, CO 80220  
 Medical Clinic Phone 303.962.5317 | Medical Clinic Fax 720.372.7849  
 Dental Clinic Phone 303.863.0772 | Dental Clinic Fax 303.832.7823

## PATIENT RIGHTS AND RESPONSIBILITIES

Welcome to Colorado Health Network Clinical Services (CHNMC and HDC). We provide comprehensive and integrated medical health care and oral health care to adults and youth in a compassionate and professional atmosphere.

### ELIGIBILITY

In order to receive services, you need to provide:

- Proof of HIV status (if applicable).
- **MEDICAL:** Current lab work results encouraged but not required, list of medications, and current vaccines.
- **DENTAL:** Current lab work results six months prior to the referral and list of medications, letter on letterhead signed by medical staff personal **or** Healthcare Provider Form signed and dated by you and your health care provider.
- Proof of current residency (e.g. copy of your lease, mortgage statement, or current bill that ties you to your address, such as utility, cable, home phone bill, letter from Social Security, VA or financial supporter ).
- Proof of income (One month of most recent pay stubs, most current unemployment, SSI, SSDI, Colorado Works, VA pension, retirement, most current tax return, most current checking account statements or other income paperwork (a letter from an agency or financial supporter).
- Copy of your updated photo ID ( including: driver's license, non-driver's photo ID, social security card, Social Security Award letter or VA Benefits letter).
- Copy of Medicare, CICP, Medical insurance card and/or, Health Insurance assessment form.

### APPLICATION FOR TREATMENT, IF MAILED

Please complete this application fully and accurately, and provide the required documents for eligibility.

When you have completed the application:

- Please call a Dental Intake Coordinator or Navigator to schedule an intake appointment. ***Please do not fax your completed application. However, prospective Howard Dental Clinic patients can have their healthcare provider form faxed.***
- At the intake appointment, a Dental Intake Coordinator or Navigator will verify your proof of diagnosis/treatment, financial needs, and discuss the policies of Colorado Health Network’s Clinical Services Department.

***FOR DENTAL: You must return the required paperwork, within 30 days in order for services to be rendered.***

### Colorado Health Network Medical Clinic Office Hours

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| <b>Monday</b>                          | 10:00 a.m. - 6:30 p.m. (closed from 1:00 - 2:00 p.m. for lunch)    |
| <b>Tuesday-Friday</b>                  | 8:00 a.m. - 4:30 p.m. (closed from 12:00 noon-1:00 p.m. for lunch) |
| <b>2nd Saturday</b>                    | 9:00 a.m. - 1:30 p.m.  |
| <b>3<sup>rd</sup> Tuesday of Month</b> | 1:00 p.m. - 4:30 p.m.  |

### Howard Dental Center Office Hours

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| <b>Monday-Friday</b> | 8:00 a.m. - 4:30 p.m. (closed from 12:00 noon-1:00 p.m. for lunch) |
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### **MEDICAL EMERGENCIES**

- All patients with **life threatening Emergencies should call (911) or go to the nearest hospital.**
- If you have an emergency during hours of operation please call the clinic.
- All patients with non- emergencies should call the Colorado Health Network Medical Clinic after hours (Nurse Line Phone: **303-739-1356**). If your emergency cannot be handled by calling the Nurse line, you may be referred to your nearest hospital.

### **CHNMC PATIENT MEDICATION (CONTROLLED, REFILLS, AND RENEWALS)**

- Patients (**Must**) schedule an appointment for controlled medications such as (Adderall, Testosterone, and Pain Meds, etc.)
- Patient may be asked to schedule an appointment for Medication renewals.
- Patients will be asked to call pharmacy during business hours for prescription refills, Pharmacy will then request refill authorization from provider.
- Patient will be notified with a phone call to let them know that the prescription was approved and sent back to pharmacy to fill.

### **LABORATORY RESULTS**

- Patient will be notify of Lab results through the patient portal
  - Unless the provider needs to address any issue
- Patients that call the office wanting to know about labs and labs have not been viewed by the Medical provider
  - Patient will be notify that they have not been reviewed
  - We will take complete message for Provider
  - We will let them know that either the Medical Assistant or Medical Provider will contact them

### **MEDICAL INSURANCE**

CHN Medical Clinic will process most Medical insurance claims. If the insurance policy is exhausted, CHNMC must have proof. You may be billed for any balances not covered by your insurance plan. Please be aware that it is your responsibility to know the insurance policy limits and when you have reached the maximum coverage.

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### **DENTAL EMERGENCIES**

- All patients with **Dental Emergencies should call 303-863-0772.** If your emergency cannot be handled by calling the on-call dentist, you may be referred to:

**University of Colorado School of Dental Medicine  
General Practice Residency Clinic (GPR)**

13065 E. 17<sup>th</sup> Avenue (Anschutz Medical Campus)

Aurora, CO 80045

303.724.7879

- **After-Hour Dental Emergencies for patients of record should call 720-786-7973.**

### **DENTAL INSURANCE**

- HDC will process most Dental insurance claims. If the insurance policy is exhausted, HDC must have proof. You may be billed for any balances not covered by your insurance plan. Please be aware that it is your responsibility to know the insurance policy limits and when you have reached the maximum coverage.

**BY BECOMING A PATIENT OF CHNMC AND/OR HDC, YOU WILL AGREE TO THE FOLLOWING POLICIES:**

**COURTESY CALLS**

I understand that if I do not receive a courtesy call, I am still responsible for keeping my scheduled appointment.

**CANCELLATION**

- I will make all of my Medical and/or Dental appointments. If I have to cancel an appointment for any reason, I will call at least 24 hours before the scheduled appointment.
- If I miss three (3) appointments without calling (no show) within two consecutive years, I will be warned in writing that I have done so, this is known as a warning letter. I will not be able to schedule an appointment until the warning letter is signed.
- After receiving a written warning of missed appointments, I understand that if I miss another appointment (no show), I will be dismissed from the CHNMC and/or HDC practice for one year. A dismissal letter with a list of Medical clinics and/or Dental clinics will be enclosed. If I have a medical and/or dental emergency within 45 days of dismissal and have not located a Provider and/or Dentist, I may be eligible to receive Medical care at CHNMC and/or dental care at HDC limited to an **(Emergency Consultation)** and at the discretion of the Provider and/or Dentist.

**FEES AND CHARGES**

- I understand that any balances not covered by my insurance plan, will be my responsibility.
- I understand that I will be responsible for my co-pays.
- I understand that I cannot accumulate more than \$50 dollars in my account without pay, if I do have a greater balance an invoice will be sent to me by mail informing me of the balance owed.

**REFERRAL**

- If I am referred to a specialist for a procedure and there is a no call/no show, it will count as a failed appointment on my record.

**ALCOHOL AND DRUGS**

- For safety reasons, I understand that if I arrive to the clinic under the influence of alcohol and/or other drugs, my appointment may be cancelled and it will count as a failed appointment.

**ILLNESS**

- If I am ill, I will reschedule my appointment at least 24 hours before the scheduled appointment.
- If I become sick the day of an appointment, I will call the medical and/or dental clinic to re-schedule my appointment. If I do not call, it will be considered a **failed appointment**.
- A 24 hour notice of cancellation to the CHNMC and/or HDC voice mail is acceptable.

**LATENESS**

- I will arrive 10 minutes before my scheduled appointment. If I cannot be on time for any reason, I will call the medical and/or dental clinic. I understand that if I am late 15 minutes or more for my scheduled appointment, I may be re-scheduled at the Provider's and/or Dentist's discretion.

**NEW MEDICAL PATIENTS AND WELLNESS EXAMS**

- All new medical patients and wellness exams are schedule for a 30 minute appointment, it is imperative that you arrive on time so that we may provide you with excellent care and good service.

**CONDUCT IN THE CLINIC**

- Self-respect and respect for others is a core value at the CHNMC and HDC. I understand that using and/or writing abusive language, cursing and/or yelling and/or threatening behavior towards staff, patients, and visitors or myself, will not be tolerated and **I will be dismissed from the practice**.

**CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER**

- I understand it is my responsibility to notify the CHNMC and/or HDC of any change of address or telephone number promptly.
- I understand that if I choose to no longer receive Medical care at CHNMC or Dental care at HDC **(after a one (1) year period)**, I must update my eligibility and go through the intake procedure with a Navigator and or Dental Intake Coordinator.

**UPDATING FILE-MEDICAL**

- I understand that proof of residence, income, insurances, and identification must be provided bi-annually.
- I understand that if I do not provide the required information on the day of my scheduled appointment, CHNMC reserves the right to cancel and/or limit my care.

**UPDATING FILE-DENTAL**

- I understand that proof of residence, income, lab work, list of medications, insurances, identification, and updated medical history must be provided bi-annually.
- I understand that if I do not provide the required information on the day of my scheduled appointment, HDC reserves the right to cancel and/or limit my care to an emergency dental consult until my records are fully updated

**PREGNANCIES (DENTAL)**

- Treatment of pregnant patients will be offered based on the Dentist's and/or Director of Oral Health Care Service's discretion. A release from your OB/GYN or PCP may be required prior to treatment being provided.

**STUDENT AND /OR CONTRACTED PROVIDER**

- I understand that CHNMC and HDC are teaching facilities.
- I understand that my treatment may be provided by a Medical Assistant (student), Medical Provider (student), Contracted Medical Provider, Dental Student, and/or a Contracted Dentist.

**REPLACEMENT OF LOST/DAMAGED APPLIANCES**

- Howard Dental Center is not responsible for replacing lost or destroyed dentures, partials or other dental appliances within seven years of receipt by the patient. If funding has been exhausted from other agencies, the patient will pay market rate for the replacement of dental appliances.

**FINANCIAL ASSISTANCE**

All eligible patients receive an up-to-date copy of the **Federal Poverty Level Ranges Annually** (including new and emergency intakes). Patients of record (including emergency intakes and clinic staff), need to sign and date the proof of income, which indicates the calculations of annual income, percentage to pay for procedures and the annual cap. In order to comply with payer of last resort requirements, payment plans may be required for treatment completion. Patients will not be turned away due to inability to pay.