



J. C. LEWIS
PRIMARY HEALTH CARE
CENTER

125 Fahm Street
Savannah, GA 31401
(912) 495-8887
Fax (912) 495-8881

PATIENT CERTIFICATION POLICY

As a Federally Qualified Community Health Center we are required by law to obtain all of this information for our records.

If the required information is not available at time of visit, you will be required to pay full price towards your office visit. You have (7) seven days to bring all the required information to us. Once received, you may be entitled to a refund (which will be processed in (5) five working days).

Effective February 1, 2006 the J.C. Lewis Primary Health Care Center, Inc. began accepting payment for Health, Dental, and Pharmaceutical services.

The following are accepted:

- Medicaid
- Medicare B
- Wellcare
- Amerigroup
- Peach Care for Kids
- Humana
- Bluecross Blueshield of Georgia
- Cash payments (A Sliding fee scale is available with proper documentation for all consumers and is based on the income and household size.)
- Credit and Debit card payments (Visa, Master, or Discover card)

Patients with Insurance, Medicare or Medicaid

(Bring the following documents at each visit)

1. Photo ID
2. Insurance Card

Undocumented Immigrants

(Bring the following documents once a year)

Information is Not shared with immigration Services.

1. Current Photo ID (if no photo id, see front desk receptionist)
2. Patient will be asked to sign a **Certification for Undocumented Immigrants Form** to certify present situation. (see front desk receptionist for form)



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Patients without any type of insurance (Sliding Fee Eligible)
(Bring the following documents every (6) six Months)

- 1) **Proof of Identification:**
Current Photo ID (if no photo id, **see front desk clerk**)
- 2) **Proof of Income:** (Only one of the following is required)
 - a) Minimum of two current paycheck stubs and proof of income for all in your household (or notarized letter from your employer) or
 - b) Income Tax Return or W2 Form (most recent) or
 - c) Disability/Worker's Compensation Notification Form or Social Security Notification Form or Pension/Retirement Statement or Veteran's Benefits Statement or Child Support Court Award (must include amount of benefits) or Bank Statements (showing deposit amount).
 - d) Current Food Stamp Summary or
 - e) Other documents showing proof of income (such as letter of reference from one of the following: Employer, Minister/Priest, Housing Authority Agency, etc. on company or official letterhead)
- 3) **Proof of Number of Dependents :**(Only one of the following is required)
 - a) Previous year's Income Tax Return (most recent) or
 - b) Any decision letters indicating that the patient has legal responsibility for the child, such as, court order guardianship papers or custody papers or
 - c) Birth Certificate for each child age 18 and younger.

Self-Employed Persons

(Bring the following documents once a year)

1. Current Photo ID (if no photo id, see front desk receptionist)
2. Unemployment insurance wage determination from the Georgia Dept. of Labor and the most recent federal tax return to verify income and/or current 30-day separation notice.

Homeless

(Bring the following documents every 3 months)

1. Current Photo ID (if no photo id, see front desk receptionist)
2. Patient will be asked to sign a **Certification for Homeless Form** to certify present situation. (see front desk receptionist)