



FREE CLINIC OF CULPEPER ELIGIBILITY REQUIREMENTS

The Free Clinic of Culpeper provides confidential medical services to uninsured residents of Culpeper Town and County who are working, seeking employment, or disabled. The Clinic also operates an on-site licensed pharmacy for Clinic patients.

To become a patient at the Free Clinic of Culpeper you must complete the certification process and meet the eligibility requirements and provide documentation as directed.

1. **PROOF OF RESIDENCY:** You must be a resident of the town or county of Culpeper and provide proof of residency.
 - A valid driver's license, current bill showing your current address, or lease showing your current address
2. **HEALTH INSURANCE:** You must **not be covered** by any kind of medical insurance or any insurance that would pay for prescriptions. Medicaid and Medicare are considered insurance.
 - You must provide a denial letter if you previously had insurance coverage.
 - You must sign a sworn statement that you are uninsured.
 - If you get insurance, you must report it to the Free Clinic immediately.
3. **PROOF OF INCOME:** The total gross income of the household must not exceed 250% of the federal poverty level. We consider a household to be persons living in the same residence that have a legal obligation to each other.
 - You must provide pay stubs for the most current month or a verification of employment form if you are employed.
 - You must provide a certified signed copy of your tax return for the most current year. You can contact the IRS at 1-800-908-9946 for a free transcript if you do not have a copy. If you work but did not file a tax return, you must complete a 4506T form which may be sent to the IRS.
4. **OTHER INCOME/ASSISTANCE**
 - You must provide original documentation of other income such as food stamps, disability, social security, child support, alimony, or other sources of income.
 - Notarized letter of support – If someone is providing you with support such as food, a place to live, or spending money you will need this letter, and it must be notarized.

ALL REQUIRED INFORMATION MUST BE PROVIDED BEFORE YOU CAN MAKE AN APPOINTMENT OR RECEIVE MEDICATION REFILLS.

- All patients will be re-certified every twelve months. You are responsible for providing updated information before your eligibility expires.

MISSED APPOINTMENT POLICY

- If you cannot make a scheduled appointment at the Clinic you must call the Clinic at 829-5032 the day before your appointment. This will allow other patients an opportunity to have an appointment. If you do not cancel and do not show up for your appointment it will be considered a NO SHOW. It is our office policy to dismiss patients after three missed appointments in 12 months.
- If you cannot make a scheduled referral appointment, you must call the referral office directly to cancel. You will be required to sign a Referral Agreement.

TESTS/LABWORK

- Tests and lab work ordered by the Free Clinic of Culpeper will be covered for clinic patients at UVA/Culpeper Hospital. If you choose to go to UVA/Culpeper Hospital for any reason on your own, you are responsible for filing financial assistance forms with UVA/Culpeper Hospital and you are responsible for the cost associated with your visit.

PATIENT CONDUCT POLICY

- All patients must act in a respectful manner. The Clinic will not tolerate any behavior that is deemed inappropriate.
- The Clinic will not treat any patient who is under the influence.

Please print:

I, _____, agree to adhere to the Clinic's eligibility requirements and policies. I attest that the information provided to the Clinic is true, valid, and legal. I also attest that the Clinic has provided me a copy of this letter.

Patient's Signature

Date

Clinic Representative

Date