

www.azahealth.org

# Patient Information Booklet



13 Locations in north Florida to Serve You

Medical • Dental • Mental Health • Pharmacy



# Welcome to AZA HEALTH!

Thank you for choosing AZA HEALTH as your health care provider. Our staff of extremely qualified providers includes specialists in Family Practice, Internal Medicine, Geriatrics, Dentistry, Mental Health and Pharmaceuticals. We have the excellence you deserve and the full range of skills you need to ensure your health and wellness!

AZA HEALTH is a Federally Qualified Health Center, a designation awarded to non-profit community health centers that receive federal funding specifically to provide care for patients who are unable to afford the full cost of primary health care services. Patients are served on a sliding fee scale that enables AZA HEALTH to provide discounted services for patients based on their documented income and using the Federal Poverty Guidelines as a reference tool. All patients receive the same high-quality care regardless of their ability to pay for services.

AZA HEALTH operates ten medical locations, three dental locations and nine pharmacies in a six-county region in northern Florida.



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#### MEDICAL APPOINTMENTS

Flexible scheduling options - same day appointments or schedule your visit in advance. Some visits for procedures will always need to be pre-scheduled because you and your provider may need to make special preparations before the procedure is performed.

We realize that your time is valuable and we strive to keep your wait time to a minimum. Your patience when emergencies arise is appreciated.

#### DENTAL APPOINTMNTS

Patients must schedule appointments in advance for dental services and we encourage you to be on time for your appointments. We realize your time is valuable and we strive to keep your wait time to a minimum. Your patience when emergencies arise is appreciated.

#### YOUR FIRST APPOINTMENT

On your first visit, we will ask you to complete registration forms and a brief medical history.

Please bring a current list of the medications that you are taking and any insurance cards, including Medicaid or Medicare. If you wish to be considered for the sliding fee program, you must provide proof of income. Please arrive 40 minutes early for your first visit. We will ask you to sign a form to request your medical records if you have been under the care of another provider.

#### CANCELLING AN APPOINTMENT

Please notify us as soon as possible if you are unable to keep your scheduled appointment or if you are going to be late.

#### COURTESY

Please be courteous of other patients. Remember to wear shirts and shoes. refrain from smoking within our facility and don't smoke within 30-feet of an entrance or exit.



#### REPUTATION

Always use an accredited health care facility. Accredited healthcare facilities must earn their good reputation.



#### PAYMENT POLICY

# **Sliding Fee**

**AZA HEALTH** offers sliding fees for all services to qualifying patients based on documented income and household size.

#### Insurance

AZA HEALTH participates in most health insurance plans including Medicaid and Medicare. Insurance coverage is an arrangement between you and your insurance company, and your insurance plan may not provide full payment for your visit costs. If your insurance plan will only allow you to see providers that are members of their network, please verify that AZA HEALTH is a participating provider with your particular plan. Please contact your insurance company with any questions you may have regarding your coverage.

# Co-payments and Deductibles

Co-payments and deductibles must be paid at the time of service. Federal regulations require **AZA HEALTH** to collect co-payments and deductibles. Please help us to comply by paying your co-payment at each visit. Cash, personal checks and Mastercard, Visa or Discover charge cards are accepted as forms of payment.

### **Proof of Insurance**

All patients must complete the patient information forms. A copy of your drivers license and valid insurance card will be needed to provide proof of insurance. If you fail to provide the correct insurance information in a timely manner, then you may be responsible for payment of your visit costs.



#### Claims Submission

AZA will submit your claims and assist in getting the claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance owed AZA HEALTH is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; AZA HEALTH is not a part of that contract.

### Changes in your Insurance Coverage

If your insurance changes, please notify **AZA HEALTH** before your next visit so staff can make the necessary changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 90 days, the balance will be automatically billed to you.

# Nonpayment

If your account is over 120 days past due, you will receive a letter stating that you have 20 days to pay your account. Please be aware that if the balance remains unpaid, your account may be referred to a collection agency.

#### **Financial Counselors**

Counselors are available to answer your questions about payment arrangements, insurance coverage, Medicaid, Medicare and other inquires.

#### SLIDING FEE

You may qualify for a sliding fee scale discount on your services.

You must provide documentation of your income to be eligible for this program.



#### **MEDICATIONS**

Always bring your current medications with you when you visit your Aza Health primary care provider.

#### TELEPHONE CALLS

Please call the office if you have any questions regarding your condition, medication or treatment. **AZA HEALTH's** nursing staff is specifically trained to answer your questions. Your provider will return your call if necessary. Please inform the staff of the reason for your call so that we may be fully prepared to answer your questions.

#### **MEDICATION REFILLS**

For refills on your medication, please call the office at least 48 hours before you plan to pick up your prescription to allow us time to review your medical record. You will need to know the name and dose of your medication. A nurse will call you if there are any questions regarding your refill request.

#### **CONSULTATIONS**

Your AZA HEALTH provider may seek consultation with a specialist or may refer you to a specialist for diagnosis and/or treatment of a specific condition. An Aza Health Case Manager will assist you in scheduling these appointments.



#### **EMERGENCY & AFTER HOURS CARE**

If you have an urgent problem during normal business hours, please call the office and ask to speak with a nurse. Every effort will be made to accommodate you.

If you have an urgent problem after normal business hours, please call the office and follow the prompts to be transferred to our answering service. The service will take your name and number and contact the on-call provider who will return your call as quickly as possible.

In an actual emergency, it is best to go directly to the nearest hospital Emergency Room, where the physician on duty will begin treatment and contact our on-call provider if necessary.

Go directly to the Emergency Room and/or call 911 if you are experiencing:

- Chest pain
- Severe shortness of breath
- Heavy bleeding
- Uncontrolled pain
- Symptoms related to a sustained injury

#### AFTER HOURS

If you have an **emergency** during non-business hours please call 9-1-1 immediately.



#### EQUAL TREATMENT

An environment of mutual respect is essential to maintain a quality healthcare system.

# **Patient Rights**

We encourage our patients and their families to know and understand their rights and responsibilities as required by Florida Law.

# You have the right to:

- Be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what patient support services are available including whether an interpreter is available if you do not speak English.
- Know what rules and regulations apply to your conduct.
- Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.



- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, color, national origin, religion, physical handicap, or source of payment.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give consent or refusal to participate in such experimental research.
- Choose a different physician/provider, if an appropriate provider is available.
- Express grievances regarding any violation of rights, as stated in Florida Law, through the grievance procedure of the health care provider or health care facility which served you and to the appropriate state licensing agency.

Patients who have concerns regarding the safety and quality of care at **AZA HEALTH** are encouraged to report their concerns to our Administrative Offices at (386) 328-0108. If your concerns cannot be resolved through the organization you may contact the appropriate state licensing agency.

#### SPEAK UP

Speak up to your Aza Health primary care provider if you have any questions or concerns about your



#### PLAN OF ACTION

Be proactive with your healthcare and always follow your Aza Health primary care provider's recommendations for treatment.

# **Patient Responsibilities**

- Provide the healthcare provider, to the best of your knowledge, with accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Report unexpected changes in your condition to the healthcare provider.
- Report to the healthcare provider whether you comprehend a contemplated course of action and what is expected of you.
- Follow the treatment plan recommended by the health care provider.
- Keep appointments and, when you are unable to do so for any reason, notify the healthcare provider/ facility.
- You are responsible for your actions if you refuse treatment or do not follow the healthcare provider's instructions.
- For assuring that the financial obligations of your healthcare are fulfilled as promptly as possible.
- For following healthcare facility rules and regulations affecting patient care and conduct.

# Know Your Healthcare Responsibilities

#### **Patient Conduct**

- Shirt and shoes must be worn while visiting AZA HEALTH facilities
- No food or drink is allowed in AZA HEALTH waiting rooms.
- AZA HEALTH facilities are smoke free. No smoking is permitted within our facility or within 30-feet of entrances or exits.
- Verbal or physical abuse of AZA HEALTH staff will NOT be tolerated. This includes yelling, foul language, threats, etc.

**Notice: No Guns, Knives Or Other Weapons** Are Allowed on The Premises

### MISSION

To provide accessible, affordable, high quality health care to the communities we serve.

# VISION

To improve health outcomes in the communities we serve through the formation of partnerships and the provision of high quality preventive services and chronic disease management.



Compassion & Cultural Sensitivity Accredited, High Quality Services Responsive to Patient & Community Needs Excellence in service, staff and facilities Stable & Financially Sound

#### **MEDICATIONS**

Always bring your *current medications* with you when you visit your Aza Health primary care provider.



### **PUTNAM COUNTY**

#### MEDICAL

306 Union Avenue Crescent City, FL 32112 (386) 698-1232

1213 State Road 20 Interlachen, FL 32148 (386) 684-4914

1302 River Street Palatka, FL 32177 (386) 328-8371

#### **PHARMACY**

306 Union Avenue Crescent City, FL 32112 (386) 698-2368

1213 State Road 20 Interlachen, FL 32148 (386) 684-2407

1302 River Street Palatka, FL 32177 (386) 328-0558

#### DENTAL

2503 President Street Palatka, FL 32177 (386) 328-7638

# ALACHUA COUNTY MEDICAL

# 22066 S.E. 71st Avenue Hawthorne, FL 32640

(352) 481-2700

#### **PHARMACY**

22066 S.E. 71st Avenue Hawthorne, FL 32640 (352) 481-5640

#### DENTAL

410 N.E. Waldo Road Gainesville, FL 32641 (352) 375-3790

# FLAGLER COUNTY

#### **MEDICAL**

460 Palm Coast Parkway SW Suite 5 Palm Coast, FL 32137 (386) 246-3954

#### **PHARMACY**

460 Palm Coast Parkway SW Suite 5 Palm Coast, FL 32137 (386) 246-3954

# ST. JOHNS COUNTY MEDICAL

## 201 W. Lattin Street Hastings, FL 32145 (904) 692-1508

105 Whitehall Drive Suite 109 **St. Augustine, FL 32086** (904) 829-2782

#### **PHARMACY**

105 Whitehall Drive Suite 109 **St. Augustine, FL 32086** (904) 829-2530

#### **DENTAL**

250 State Road 207 **St. Augustine, FL 32084** (904) 824-3322

### **ADMINISTRATION**

146 Comfort Road Palatka, FL 32177

Mailing Address P.O. Drawer 817 Palatka, FL 32178 (386) 328-0108

# CLAY COUNTY

#### **MEDICAL**

1305 N. Orange Avenue Suite 120 **Green Cove Springs, FL 32043** (904) 284-5904

100 Commercial Drive Keystone Heights, FL 32656 (352) 473-6595

#### **PHARMACY**

1305 N. Orange Avenue Suite 120 **Green Cove Springs, FL 32043** (904) 284-5677

100 Commercial Drive Keystone Heights, FL 32656 (352) 473-7243

# **VOLUSIA COUNTY**

#### **MEDICAL**

1425 & 1455 Dunn Avenue **Daytona Beach, FL 32114** (386) 323-9600

#### **PHARMACY**

1425 Dunn Avenue **Daytona Beach, FL 32114** (386) 323-9808



