

Care Alliance

Health Center

Care for you. Care for me. Care for all.

WELCOME PACKET



St. Clair Clinic
1530 St. Clair Ave
Cleveland, OH 44114

Central Neighborhood Clinic
2916 Central Ave
Cleveland, OH 44115

Woodland Clinic
6001 Woodland Ave
Cleveland, OH 44104

(216) 535-9100



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WELCOME!

Care Alliance Health Center (CAHC) is a non-profit federally qualified community health center providing comprehensive primary, and preventive medical, dental, behavioral health, lab, and transportation to families and individuals, regardless of the ability to pay. We are recognized as a Patient Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA), which is an innovative program for improving primary care for our patient population at the St. Clair location. Other sites of CAHC are striving for the recognition. The program gives practice information about organizing care around patient needs, working in teams, and coordinating and tracking care over time.

TO OUR VALUED PATIENTS

CAHC strives to provide high quality, affordable health care to the residents in our service areas. Our medical providers are committed to keeping you and your family healthy, at rates you can afford.

CAHC is “not a free clinic”. To continue our current level of services, it will be necessary to collect fees from all our patients when services are rendered. This includes the co-pays from Medicare, Medicaid, and private insurance, as well as the minimum fee.

If you have insurance coverage, our staff will continue to file claims with your insurance company, Medicaid, or Medicare on your behalf. If you think you might be eligible for Medicaid or the Health Insurance Marketplace, our staff will be available to help you with the process.

For patients who do not have insurance coverage, our fee will continue to be discounted, based on family income and size, if you provide the required documentation. For those who qualify, a minimum fee will be charged for each service performed. Example of these services are office visits, labs, etc. Dental services have a higher minimum fee.

You may contact our Finance Department at (216) 535-9100 if you have any questions regarding fees and/or charges. The staff of Care Alliance Health Center is appreciative of your ongoing support of our facilities, and we look forward to serving you and your family for all your healthcare needs.

Care Alliance does not deny service based on a person's race color, disability, religion, sex, sexual orientation, national origin, or inability to pay. We accept health insurance, including Medicaid, Medicare, and CHIP.

This health center is a Health Center Program grantee under 42 U.S.C. 254b, a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n), and a deemed FTCA facility. This health center receives HRSA funding and has Federal Public Health Service (PHS) deemed status with respect to certain Health or Health-related claims, including medical malpractice claims, for itself and its covered individuals.

Care Alliance Health Center is an equal opportunity employer.

OUR SERVICES

TO MAKE AN APPONTMENT CALL: (216) 535-9100

Telephone Visits | Virtual Visits | Translation Services | Hearing Assistive Technology

Primary Medical Care for All Ages

- Family and Internal medicine
- Pediatrics
- STD testing and treatment
- Chronic disease management
- Prenatal Care
- Women’s health services
- Podiatry
- Referrals to specialty care
- Pharmacy
- Integrated patient health records at all clinic sites

Dental Care

Oral Exams

- X Rays
- Cleanings
- Sealants
- Filings
- Extractions
- Crowns
- Dentures and Partial
- Referrals

HIV Services

- Free, confidential HIV testing
- HIV/AIDS medical treatment
- Medical case management
- Health education, peer support and counseling

Behavioral Health

- Addiction Services
- Medication-Assisted Therapy
- Virtual & Telehealth Visits
- Mental Health assessment and counseling
- Substance abuse counseling
- Psychiatry

Outreach Services

- Offered at shelters, treatment centers, drop-in sites and campsites throughout the city
- Transportation
- Education
- Case management
- School-Based Health Care
- Mobile Unit

CLINIC HOURS

MONDAY - FRIDAY
8:00 am - 5:00 pm

LOCATIONS

St. Clair Clinic
1530 St. Clair Ave
Cleveland, OH 44114

Central Neighborhood Clinic
2916 Central Ave
Cleveland, OH 44115

Woodland Clinic
6001 Woodland Ave
Cleveland, OH 44104

PAYMENT & FEE INFORMATION

How you can reduce the cost of your visits

As a Federally Qualified Health Center it is our mission is to make sure patients can afford the healthcare they need. That is why we offer qualified patients a **Sliding Fee Discount**.

- Our sliding fee discount is for anyone whose household income is at or below **Federal Poverty Guidelines**. “Household” includes all people living in the same house or apartment even if they are not related to you.
- After you fill out the **Sliding Fee Scale Application**, we can tell you how much we can discount your fee. We can use this discount for any amount due and for any services we offer.
- Your application is considered pending until you receive written notice that it has been approved.
- **We will give you the care you need no matter what you can pay.**

How to apply our sliding fee discount:

Our front desk staff can help you apply. Asking about your household size and income is the first step and is a part of the check-in process.

To apply for a discount, you must fill out a short form and show proof of income.

If you do not have proof of income on your first visit, you will have 30 days to bring in one of the documents listed below. Your application cannot be approved until all paperwork is submitted.

What you need to bring for “proof of income”:

If you are EMPLOYED:

- a copy of last year’s income tax return; OR
- a W-2 (If you did not file a return); OR
- Pay stubs from last 30-day; OR
- Written statement from your employer

If you are NOT EMPLOYED:

- Proof of Social Security income; OR
- Proof of Unemployment income; OR
- Proof of Disability income; OR
- Proof of other income (If you have it) like child support, alimony, or pension

SLIDING FEE SCHEDULE

Effective April 1, 2022, Care Alliance is pleased to provide services to you today on a discounted, sliding fee schedule based on your Income and family size, according to Federal Poverty Level (FPL) guidelines. Your bill for today's services will be calculated as follows:

FAMILY SIZE	SLIDE SCALE A (0% - 100% FPL)		SLIDE SCALE B (101% - 125% FPL)		SLIDE SCALE C (126 - 150% FPL)		SLIDE SCALE D (151% - 175% FPL)		SLIDE SCALE E (176% - 200% FPL)		SLIDE SCALE F (201% and above FPL)
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	MORE THAN
1	0	\$13,590	\$13,591	\$16,988	\$16,989	\$20,385	\$20,386	\$23,783	\$23,784	\$27,180	\$27,180
2	0	\$18,310	\$18,311	\$22,888	\$22,889	\$27,465	\$27,466	\$32,043	\$32,044	\$36,620	\$36,620
3	0	\$23,030	\$23,031	\$28,788	\$28,789	\$34,545	\$34,546	\$40,303	\$40,304	\$46,060	\$46,060
4	0	\$27,750	\$27,751	\$34,688	\$34,689	\$41,625	\$41,626	\$48,563	\$48,564	\$55,500	\$55,500
5	0	\$32,470	\$32,471	\$40,588	\$40,589	\$48,705	\$48,706	\$56,823	\$56,824	\$64,940	\$64,940
6	0	\$37,190	\$37,191	\$46,488	\$46,489	\$55,785	\$55,786	\$65,083	\$65,084	\$74,380	\$74,380
7	0	\$41,910	\$41,911	\$52,388	\$52,389	\$62,865	\$62,866	\$73,343	\$73,344	\$83,820	\$83,820
8	0	\$46,630	\$46,631	\$58,288	\$58,289	\$69,945	\$69,946	\$81,603	\$81,604	\$93,260	\$93,260
CHARGES											
Medical Visits*	4		\$10		\$15		\$20		\$25		FULL FEE
Behavioral Health Visits	4		\$10		\$15		\$20		\$25		FULL FEE
Dental Visits	20		\$25		\$35		\$45		\$55		FULL FEE
Dentures / Resin Partials **	350		\$400		\$500		\$600		\$700		FULL FEE
Crowns (PFM, Porcelain) **	300		\$400		\$500		\$600		\$700		FULL FEE
Cast Partials ***	400		40% of Full Fee		55% of Full Fee		70% of Full Fee		85% of Full Fee		FULL FEE
Other Major dental Work *** (RCT, add tooth etc.)	400		40% of Full Fee		55% of Full Fee		70% of Full Fee		85% of Full Fee		FULL FEE

For families / households with more than 8 persons add \$4,720 for each additional member

IMPORTANT!

If you are single and your income is below \$13,590 most of your bill will be paid with funding that we receive from Bureau of Primary Health Care, local foundations, and other contributions.

*There are additional fees, based on family size and income, for devices such as Long-Acting Reversible Contraception (LARC). You will be notified in advance to discuss options, including payment. ** The charge for dentures & resin partials and crowns is a one-time fee. *** For other procedures considered major dental work, i.e., cast partials, bridges, root canals etc., you will be charged a flat fee for the Slide Scale A and a percentage of the full fee for all other Slide Scales based on family size and income. Please speak with a Patient Service Representative regarding any question about the Sliding Fee Schedule program including definition of income, and family-size. Please see our pharmacy for questions regarding cost of prescriptions, which are a part of this Fee Schedule.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

SUMMARY

- Your personal health information may be released to other healthcare professionals within the Care Alliance Health Center Inc. (“CAHC”) for the purpose of providing you with quality health care.
- Your personal health information may be released to our insurance provider for the purpose of CAHC receiving payment for providing you with needed healthcare services.
- Your personal health information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your personal health information may be released to other healthcare providers in the event you need emergency care.
- Your personal health information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or any adverse event involving a biological product, e.g., food or medication.
- Your personal health information may not be released for any other purpose than that which is identified in the attached notice.
- Your personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules.
- Your personal health information may be released only after receiving written authorization from you.
- You may revoke your permission to release personal healthcare information at any time.
- You may be contacted by CAHC to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by CAHC for the purposes of raising funds to support CAHC operations.
- You have the right to restrict the use of your personal health information. However, CAHC may choose to refuse your restriction if it conflicts with providing you with quality healthcare or in the event of an emergency.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any and/or all portions of your healthcare information.
- You have the right to make changes regarding the healthcare information that you have provided.
- You have the right to know who has accessed your personal healthcare information and for what purpose.
- You have the right to possess a copy of our Notice of Privacy Practices (the “Notice”) upon request. A copy of the Notice will be provided in the form of a paper document.
- CAHC is required by law to protect the privacy of its patients and guests.
- We will keep confidential all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- CAHC will abide by the terms of the Notice.
- CAHC reserves the right to make changes to the Notice and continue to maintain the confidentiality of all healthcare information.
- CAHC will post a copy of our current Notice at all CAHC sites.
- CAHC’s Notice will indicate the effective date on the first page.
- CAHC will also give you a copy of the current Notice upon request.

WHERE TO FILE A COMPLAINT

You have the right to file a complaint to CAHC or the Secretary of the Department of Health and Human Services if you believe your rights to privacy have been violated. All complaints will be investigated. No adverse action will be taken for filing a complaint with or against CAHC. If you feel your privacy rights have been violated or want further information about our Notice of Privacy Practices, please write or call the CAHC privacy contact person at:

ATTN: Privacy Officer
Care Alliance Health Center
1530 St Clair NE
Cleveland, Ohio 44114
Tel (216) 535-9100

You may also file a written complaint with the Secretary of the US Department of Health and Human Services, 200 Independence Avenue SW., Washington DE 20201 or call toll-free (877) 696-6775, by mail to OCRComplaint@hhs.gov or to Region V. Office for Civil Rights US Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago IL 60601, Voice Phone (312) 886-2359; FAX (312) 886-1807, or TDD (312) 353-5693.



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