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Mission Statement

The Primary Mission of the Mariposa, Amador, Calaveras & Tuolumne Health Board, Inc. is to improve the Health Status of the American Indian/ Alaskan Native population. It is through a comprehensive HEALTH CARE SYSTEM, which is designed to Preserve and Promote the Traditional Well Being and Cultural Sensitivity of the Tribal Communities to whom we serve.

MACT Health Board Inc. operates multiple health care facilities in the four counties of Mariposa, Amador, Calaveras, and Tuolumne. The services are available to all American Indians and their family members, as well as the general public in the community. Our services are conducted in an atmosphere that respects and supports Native American traditions, values and beliefs. The MACT Health Board is composed of representatives from the following organizations: American Indian Council of Mariposa, Calaveras Band of Mi Wuk Indians, Jackson Band of Miwuk Indians, Sierra Native American Council.

MACT Health Board Inc. established the central operating program location, the Tuolumne Rural Indian Health Center in 1969. Additional licensed clinics are those operating out of Sonora, Jackson, San Andreas and Mariposa. The scope of our services has also expanded and includes medical, dental, outreach, and behavioral health.

## **Appointments**

Patients are encouraged to schedule appointments in advance. A patient who fails to arrive at the clinic within 15 minutes of their scheduled appointment time or fails to cancel their appointment 24 hours prior to the scheduled time will be considered to have "broken appointment". A patient that has three broken appointments within a six calendar month period will not be allowed to schedule an appointment in advance. The patient may still be seen on a walk-in basis as time is available. We appreciate your cooperation in making health care affordable and accessible to all of our patients by honoring your scheduled appointments. We understand unforeseen events do occur and we will do our best to assist you with your health care needs.

# **Emergencies**

During clinic hours, all clinic sites are able to provide limited emergency medical services and are able to respond to minor emergencies only. If you have a life threatening emergency, please call 911.

## After Hours and Weekends

If you experience a medical or dental emergency during our non-working hours, call 911 or go to your nearest hospital emergency department.

## **Patient Rights**

You as a patient have rights. The list below defines some of your rights at MACT Health Board, Inc. clinics.

- You have the right to receive accurate and easily under stood information about your health plan, health care professionals, and health care facilities.
- You have the right to a choice of health care providers to provide you with access to appropriate high-quality health care.
- If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization.
- You have the right to know all your treatment options and to participate in decision-making about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.
- You have a right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.
- You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.
- You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals, or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities. You may contact MACT Health Board, Inc.'s Compliance Hotline at (866) 811-0192.

## **Billing for Clinic Services**

The MACT Health Board Indian Health Clinics follow the regulations and law as set by the Indian Health Service and the State of California. This is NOT a free clinic. Depending on your status, you will be financially responsible for all, part, or none of the services performed at the clinic. By law the clinic must bill your insurance company for services performed at MACT clinics. At MACT Health Board, we are committed to keeping you healthy. When you come to us for treatment, our Billing Department will be happy to talk to you about payment options.

# Our financial assistance policies state that:

- If you are uninsured, you may be eligible to receive a discount of up to 20% off your charges incurred at any of our locations. Once you have applied and been approved for a discount you will not need to reapply for an entire year.
- Additionally, we can backdate any application to cover any current charges incurred on your account. For questions regarding this discount please contact our Billing Department at (209) 754-6240.
- Our Billing staff and/or clinic staff can help you find out if you qualify for a government program such as Medi-Cal or CMSP. If one of these programs is right for you, we can also assist you with the application process.
- If you do not qualify for a government program, we provide special arrangements to eligible low income patients.
   Please contact our Billing Department if you cannot pay your bill. We will review your financial situation to determine if you are eligible for financial assistance.
- If you need more time to pay your bill we offer convenient affordable payment plans for your account, including Care Credit. For questions regarding this service please contact our billing department at (209) 754-6240. You can also download the sliding fee application from our website. Please contact our billing department at (209) 754-6240. You can also download the Sliding Fee Application from our website.

#### **INSURANCE**

Your insurance coverage is a contract between you and the insurance company, and it is your responsibility to know your insurance benefits. As a courtesy, we will bill both your primary and secondary insurance companies. We will submit your claims and assist you in any way we reasonably can to help get your claims processed. In order to do this, we must receive all the information necessary to bill. If the information is not supplied, you will be billed and payment in full will be your responsibility and is expected within 30 days of receipt of statement.

#### **MEDICARE**

We participate in the Medicare program. You are responsible for your co-insurance, any deductibles that have not yet been met and services that identified as patient responsibility on your Medicare Explanation of Benefits. We strive to inform our Medicare patients of services that will not be covered. We may ask you to sign an Advanced Beneficiary Notice, which lists our fees and notifies you of your financial responsibility for certain medical services.

# **MANAGED CARE/HMO**

Many patients are enrolled in Managed Care Products. MACT Health Board, Inc. does not currently participate with Managed Care or HMO programs. If you are a member of a Managed Care or HMO plan, we will not be able to accept your insurance and you will be expected to pay in full for services rendered.

## **DEPOSITS**

New patients without insurance, or if insurance co-payment and coverage cannot be verified, you are required to make a deposit on or before the first date of service. If insurance payment result in a credit balance, it will be refunded to you within 30 days upon request.

#### PATIENT RESPONSIBILITY FOR PAYMENT

You are responsible for payment of any co-payment,

co-insurance, deductible or service not covered by your insurance. If you do not have insurance, you are responsible for payment of all services. Co-payments are due at the time of your service. Patient due balances noted on your monthly statement are due within 30 days of receipt. Charges for minor children will be billed to the parent with whom the child resides. We will bill the appropriate insurance if all required information is provided. We will not bill or contact a non-custodial parent on behalf of the custodial parent.

### **PAYMENT OPTIONS**

We understand that financial circumstances vary from patient to patient. If you are unable to pay your patient due balance in full, you must call our business office at (866) 894-1902 to make payment arrangements. We offer uninsured patients up to a 20% discount upon income verification and approval.

#### NON-PAYMENT

Failure to pay will result in your account being referred to a collection agency, which may affect your credit. You must contact our collection analyst to discuss payment arrangements.

### RETURNED CHECKS

NSF checks will result in a \$25 processing fee. For more information, please call us during normal business hours at (209) 754-6240.

## Insurance Information

MACT Health Board, Inc. accepts most PPO Insurance Plans. We are currently contracted as In-Network with the following companies:

- Blue Cross Medical/Dental
- Blue Shield Medical/Dental
- Medicare
- Medi-Cal/Denti-Cal
- Premier Access
- United Healthcare
- CCN / First Health
- Ameritas Dental
- AIG Dental
- Dental Benefit Providers
- California Health & Wellness
- Blue Cross managed Medi-Cal
- VSP Vision Service Plan

If your insurance plan is not listed above and you would like us to consider becoming an In-Network provider, please contact our Billing Department at (209) 754-6240.

## Sliding Fee Program

Those who may qualify for the Sliding Fee are those whose income falls below the 200% Federal Poverty Income Guidelines. (This does not apply to qualified Native Americans.)

You MUST APPLY EACH YEAR to be eligible for the Sliding Fee Program. When applying, a proof of income from the past year must accompany the application. The percentage discounted is dependent upon the income of the household and the number of members in the household.

The application form and complete explanation of the Sliding Fee Program can be downloaded and printed from our website at www.macthealthboard.com or obtained at your clinic site. You may also contact the Billing Department if you wou8ld like a copy mailed to you. The completed application and proof of annual income may then be brought to the particular clinic that will be your provider or you can return it by mail to the Billing Department at P.O. Box 939 Angles Camp, CA 95222 Attn: Billing Department.

# Service Animal Policy

MACT will follow ADA guidelines in allowing Service Animals in all areas of the clinics. ADA broadly protects the rights of individuals with disabilities in access to services, buildings, etc. Patients and visitors with disabilities are entitled to be accompanied by their service animals when they are either admitted or visit hospitals, outpatient areas or clinics. That includes areas where patients and visitors are normally allowed except:

- Certain areas that require a "protected environment"
- When the service animal directly threatens the health and safety of patients, visitors or staff
- The animal would fundamentally alter the provision of essential services

### **CORE DEFINITION**

A Service Animal is "any domestic animal individually trained to provide assistance to an individual with a physical, cognitive, or mental disability". Note: the definition of service animal has evolved over time to broaden it beyond a species, specific (e.g. dog) definition. Service animals perform tasks that individuals with disabilities cannot perform or need assistance with including, but not limited to:

- Guidance for blind or low-vision patients
- Alerting deaf or hearing impaired
- Pulling a wheelchair
- Picking up dropped items
- Assisting during a seizure
- Retrieving medicine or the telephone
- Providing physical support for balance and stability
- Assisting with navigation

## Additional Information

Information included in this Patient Handbook as well as directions to clinics, registration packets, Native American Services, scholarship opportunities, and the Patient Portal for web bill pay are available on our website at www.macthealth.org. For the most up-to-date news on MACT Health Board, Inc. events and more, follow us on Facebook and Twitter.

### Locations and Contact Information

Sonora			1,111	Jackson		
MEDICAL	8	1117	MEDICAL	20		
Phone:	209-533-9600	Fax: 209-533-9608	Phone:	209-257-2400	Fax: 209-257-2403	
Address:	13975 Mono Way	Ste G, Sonora CA 95370	Address:	12140 New York	Ranch, Jackson CA 95642	
Hours:	ours: Open M-F 8-5 Closed 12-1 for Lunch		Hours:	Hours: Open M-F 8-5 Closed 12-1 for Lunch		
DENTAL			DENTAL			
Phone:	209-533-9603	Fax: 209-533-9604	Phone:	209-257-2460	Fax: 209-257-2464	
Address:	13976 Mono Way	Ste I, Sonora CA 95370	Address:	12150 New York	Ranch, Jackson CA 95642	
Hours:	Open M-F 8-5 Clo	osed 12:30-1:30 for Lunc	h Hours:	Open M-F 8-5 Cl	osed 12:30-1:30 for Lunc	
BEHAVIORAL			BEHAVIO	BEHAVIORAL		
Phone:	209-588-4640	Fax: 209-674-6219	Phone:	209-257-2400	Fax: 209-674-6219	
Address: 13977 Mono Way Ste H, Sonora CA 95370			Address:	Address: 12142 New York Ranch, Jackson CA 95642		
Hours:	ours: Open M-F 8-5 Closed 12-1 for Lunch			Open M-F 8-5 Cl	osed 12-1 for Lunch	
San Andreas				Mariposa		
MEDICAL	& CHIROPRACTIC		MEDICAL			
Phone:	209-755-1400	Fax: 209-755-1430	Phone:	209-742-6144	Fax: 209-742-5055	
Address:	1113 Hwy 49, San	Andreas, CA 95249	Address:	5192 Hospital Rd	, Mariposa CA 95338	
Hours:	Open M-F 8-5 Closed 12-1 for Lunch		Hours:	Open M-F 8-5 Closed 12-1 for Lunch		
DENTAL			DENTAL			
Phone:	209-755-1460	Fax: 209-754-6278	Phone:	209-966-0573	Fax: 209-742-6321	
Address:	ddress: 1113 A Hwy 49, San Andreas, CA 95249		Address:	5192 Hospital Rd	, Mariposa CA 95338	
Hours:	ours: Open M-F 8-5 Closed 12-1 for Lunch				osed 12-1 for Lunch	
BEHAVIORAL			BEHAVIO	BEHAVIORAL		
Phone:	209-755-1400	Fax: 209-674-6219	52	209-742-6144	Fax: 209-674-6219	
Address:	ddress: 1113 Hwy 49, San Andreas, CA 95249			Address: 5192 Hospital Rd, Mariposa CA 95338		
	Open M-F 8-5 Closed 12-1 for Lunch				, posa en sosso	
Hours:	Open M-F 8-5 Cld	osed 12-1 for Lunch	Hours:	Open M-F 8-5 Clo	osed 12-1 for Lunch	

**OPTOMETRY** 

Phone: 209-755-1480 Fax: 209-674-6190 Address: 1113 A Hwy 49, San Andreas, CA 95249 Hours: Open M-F 8-5 Closed 12-1 for Lunch