WHEN CALLING TRIAD

Carroll County Clinic
502-732-1082
Carroll Behavioral Health
502-732-1092
Gallatin County Clinic
859-567-1591
Owen County Clinic
502-484-2117
Owen Dental Clinic
502-484-5888
Owen Behavioral Health
502-484-2595

If you get the voicemail, please leave your name, phone number and a brief reason for your call and someone will return your call as soon as possible.

Secure Fax: 859-567-1253
After Hours Call:
859-567-1591: Option "0"
For answering service
For billing questions call:
502-916-3105

Like us on Facebook or our website
www.triadhealthsystems.com

OUR MISSION

Triad Health Systems, Inc. strives to meet the needs of the underserved by promoting wellness, prevention and providing the highest quality medical services possible for Carroll, Gallatin and Owen Counties.

Triad Health Systems, Inc. and its clinics are a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

HISTORY

Triad Health Systems, Inc. was created in 2008 to provide medical services to all residents of the service area with emphasis on the un-insured and under-insured residents. The service areas include Carroll, Gallatin and Owen Counties. Services are provided in collaboration with area agencies, organizations and health care providers. Triad added Mental/Behavioral Health Services and Optometry Services in 2015 and dental services in 2017.

MEDICATION REFILLS

- Call pharmacy at least 3 business days before you need your medications.
- Indigent Refills-You must call when you have 30 days' worth of medications left. Please do not wait until you are out, it can take 3-4 weeks for these medications to arrive.

CANCELLATION/NO-SHOW POLICY

- Please call 24 hours before your scheduled appointment to cancel.
- Same day cancellations are considered a No-Show.
- If you have multiple No-Show appointments, then you will be put on Work-In status. You will not be given an appointment. You will have to arrive at 8am or 1pm and wait until one of the providers can work you into the schedule. You will not be able to pick which provider.

Patient Handbook

PROMOTING WELLNESS, PREVENTION & QUALITY MEDICAL SERVICES

Serving Carroll, Gallatin, & Owen Counties

Carrollton Office Hours:
Mon-Fri 8 am – 5 pm

Warsaw Office Hours:
Mon - Fri 8 am – 5 pm

Owenton Office Hours:
Mon - Fri 8 am – 4:30 pm

Dental Office Hours:
Mon & Wed 7 am – 5:30 pm
Tues & Thur 7 am – 5:00 pm

Behavioral Health:
(all locations)
Mon - Fri 8 am – 5 pm

COMPLIMENTS, CONCERNS, GRIEVANCES

- Ask front desk staff for a form to complete.
- Call or ask to talk to a Clinic Manager.

Patient Responsibilities

- Arrive on time for appointments.
- Call if you will be late or need to reschedule.
- Bring all medication bottles to the appointment.
- Bring copay for appointment. Copays have to be paid the day of your appointment.
- Complete all paperwork in full. We may not be able to provide adequate care if we do not have all pertinent information.
- Inform clinic of any new insurance, phone numbers or addresses.
- Be considerate and cooperative with staff and respect the rights of fellow patients.
- Ask questions and to seek clarification necessary to adequately understand your illness.
- Weigh the potential consequences of any refusal to comply with instructions or recommendations of your health care provider.
- Express opinions, concerns, or complaints in a constructive manner.
- Ensure that all information provided for inclusion in your medical record is complete and accurate.

Sliding Fee Scale and Billing

ALL SLIDING FEE SCALE PAPERWORK MUST BE COMPLETED BEFORE ANY TYPE OF DISCOUNT WILL BE APPLIED TO YOUR BILL.

PRESUMPTIVE (ESTIMATED) ELIGIBILITY IS FOR FIRST VISIT ONLY.

IF ALL PAPERWORK IS NOT COMPLETE, YOU WILL HAVE TO PAY THE FULL CHARGE FOR ALL FOLLOW-UP VISITS INCLUDING LABS, SHOTS, AND/OR TESTING BEFORE THE SERVICES WILL BE PERFORMED.

Reviewed/Revised: 05/17/2022 (THS-070C)

Medical/Mental Health/Optometry
***Except for Glasses or Contacts**

If your percentage rate is:	Percentage/Amount of Total Charges you will pay:
Full Slide - 100% Discount	Nominal Fee: **Medical/Mental Health** First Visit -$15.00 Follow up Visits -$15.00 $5.00 Each Lab/Shot/Test
75% Discount	25%
50% Discount	50%
40% Discount	60%
No Discount/Self Pay	100%
If you are No Discount/Self Pay, you may receive a discount if all charges are paid at time of service.	70% if paid for everything at time of service

Dental *Except for Denture, Partials,

If your percentage rate is	Percentage/Amount of Total Charges you will pay
Full Slide - 100% Discount	Nominal Fee: First Visit -$20.00 Follow up Visits -$20.00
75% Discount	25%
50% Discount	50%
40% Discount	60%
No Discount/Self Pay	100%
If you are No Discount/Self Pay, you may receive a discount if all charges are paid at time of service.	70% if paid for everything at time of service

***For Pricing on Dentures, Partials, Crowns, etc., Please contact the Dental Office. Sliding Fee Scale must be completed to get correct pricing.**
Glasses or contacts are though Dr. Metzger.

Sliding Fee Scale (SFS) cont.

Your percentage is determined by your household size* and total household income**. The total charge for your visit is determined by adding the office visit charge and all other charges for services that were ordered during your visit. Other charges may include lab tests, immunizations or injectable medications. You will be billed according to your qualified percentage rate. If your total charges are more than the amount you paid at the time of service, you will be billed for the remaining balance. Monthly payments must be paid on all remaining balances until balance is paid in full.

*Household size, as referenced in the SFS Policy, is defined as the total of all persons living at the address of the person making application to the SFS program. If the applicant is living in a group home, household size will be one (other residents of the group home will not be included).

**Household income is defined as the total income of all persons living at the address of the person making application to the SFS program. If the applicant is living in a group home, only the income of the applicant will be included.

Proof of Income may include:
1. A current pay stub.
2. Most recent income tax return (must be less than 2 yrs old).
3. Annual Award Statement from Social Security.
4. Social Security, Disability SSI, or Pension as documented in the applicant's or other household member's most recent bank statement.
5. Employer letter pertaining to applicant or other household member.
6. Qualification letter from the Food Stamp Office.
7. A letter of stating amount of support from another person that is providing support to the applicant. Any combination of the above may be used to verify the income of individual members of the household.

Self-pay patients may receive an estimate for charges of scheduled visits if scheduled prior to 24 hours ahead of time. Any estimates for a scheduled visit will not include any items/services provided during the visit. See: **45 CFR Part 149-610, No Surprises Act, Title 1, Section: Good Faith Estimate**