



FAITH FAMILY
MEDICAL CENTER

Who We Are

Faith Family Medical Center is a non-profit primary care clinic for individuals who are working and are not covered under any health insurance. Faith Family Medical Center is primarily funded by donations. The office visit fee you pay covers only a small portion of the costs of your services. The rest is paid for by the generous contributions of others. We will treat you with respect and care and ask you to be respectful and courteous to us.

Initial/Date: _____

Patient Responsibility

FFMC Staff are here to help you receive the best care and treatment. We need your participation and cooperation to ensure this. Your obligations, as the patient, are listed below:

- **Be respectful and courteous to Faith Family staff at all times, including phone calls.**
- Update your proof of income once a year and/or if your income changes.
- Update your information (phone number and address) as it changes.
- Pay your office visit fee at the time of your appointment.
- Arrive 15 minutes prior to your appointment to update paperwork (if you are a new patient allow 30 minutes) **if you are late for your appointment you will be rescheduled for another day.**
- Medication Requests and Refills
 - For medication refills at your local pharmacy, call at least **1 week BEFORE** medication runs out to ensure you receive refills on time. Medication and refill requests have a minimum of 1 business day of processing time. Waiting until the day you run out will not speed up the processing time.
 - For medications refilled through our patient assistance program, call at least **2-3 weeks BEFORE** medication runs out to ensure you receive refills on time.
 - Provide your pharmacy number.
 - Know what medicines you are taking and why.
- Allow up to 7 days to receive lab results before calling. Multiple calls will only delay our ability to respond to your request.
- Attend each and every scheduled appointment with a provider, specialist, and/or nurse. If you cannot keep your appointment, please cancel at least 24 hours before your appointment time. Failure to cancel before your appointment time results in a no show. Three no shows within a 12 month period will result in being discharged from our clinic.
- As a courtesy, you may receive a reminder call from our volunteer, but it is your responsibility to record and attend all scheduled appointments.

I understand my obligations as a patient at Faith Family Medical Clinic. I understand that failure to comply with these obligations may result in termination from this practice. Signature: _____

Date: _____