



Healing Hands Health Center

Based on the guidance of the CDC, we have temporarily suspended on-site screening appointments to become a new patient. We are sorry for any inconveniences and appreciate your understanding during this time.

If you have a MEDICAL need please call 423-652-0260, Option 3

If you have a DENTAL need please call 423-652-0260, Option 2



Thank you for expressing an interest in becoming a patient of Healing Hands Health Center. ***We are a faith-based ministry providing healthcare to the uninsured residents of Northeast Tennessee and Southwest Virginia.*** Healing Hands Health Center does not discriminate on the basis of race, color or national origin.

To become a Medical, Vision and/or Chiropractic patient at Healing Hands Health Center:

- Patient does not have Private Medical, TennCare/Medicaid, Medicare and/or Vision Insurance.
- Patient must be employed or have worked in the last 12 months, unless they are listed as a dependent on the IRS tax return. A member of the household is a person who is claimed as a dependent when filing year-end tax forms.
- Patient may also qualify if they are 62 years and older, retired and receiving retirement benefits, OR a student.

To become a Dental patient at Healing Hands Health Center:

- Patient does not have Dental Insurance.
- Employment is not a requirement to become a dental patient.

Please complete the application on the other side in blue or black ink, and bring the documentation listed below to one of the designated enrollment days. If you do not have all of the required documentation with you at the time of the interview, you will be asked to return on another enrollment day.

The following enrollment times are first come first served:

Monday: 2:00 – 4:00 pm Tuesday: 4:00 – 6:00 pm
Wednesday: 10:00 am – 12:00 pm Thursday: 4:00 – 6:00 pm

You will need to bring the following documents to the Enrollment Interview:

1. Your Photo ID
2. Your Social Security Card
3. Proof of Income – total household income may not exceed 250% of the Federal Poverty Guidelines

The following documents are acceptable forms of Proof of Income for you and/or your spouse, if married:

- A. If you are Employed:** You MUST provide the following:
 - a. Current tax return: First two pages of the 1040 showing the Adjusted Gross Income
AND
 - b. One month of current paystubs - if you are paid weekly, you will need to show 4 paystubs; if you are paid bi-weekly, you will need to bring 2 paystubs.
- B. If you do not file taxes and do not receive paystubs, we need a Letter from Employer:** This letter must be on company letterhead with employer's contact information. Letter should state pay rate and number of hours worked in a week
- C. If you receive Social Security benefits:** Award letters from Social Security Administration, VA benefits and any other pensions.
- D. If you are Unemployed:** Official unemployment letter stating amount received each week.
- E. If you are Self-Employed:** You MUST provide the following:
 - a. Current tax return: First two pages of the 1040 showing the Adjusted Gross Income and the Schedule C form.
AND
 - b. One month's worth of invoices and/or receipts from customers, showing you have received payments/income in the current year.
- F. Student:** students who are not working must provide their current class schedule



of Bristol



Healing Hands Health Center

APPLICANT INFORMATION

Healing Hands Health Center does not discriminate on the basis of race, color or national origin.

Last Name:		First Name:		MI:
Date of birth:	SSN:	Phone:		
Current Address:				
City:	State:	ZIP Code:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			
Race: Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT INFORMATION

Current Employer:	Position:
Employer address:	City:
State:	Zip: Phone:
Are you: Unemployed <input type="checkbox"/> Date Unemployment started:	Disabled <input type="checkbox"/>
Retired <input type="checkbox"/> Date retirement started:	Student <input type="checkbox"/> Name of school:

HEALTH INSURANCE INFORMATION

Providing false information will result in dismissal from the clinic

Do you have insurance? Yes No

If you do have insurance, circle all that apply: Dental Medical TennCare Medicaid Veterans Benefits Medicare

Have you been declared legally disabled: Yes No

LIST SPOUSE AND/OR DEPENDENTS YOU CLAIM ON YOUR TAX RETURN

NAME	AGE	RELATIONSHIP	DATE OF BIRTH	DOES THIS PERSON WORK?

SIGNATURE

The information I have provided on this form is true and accurate to the best of my knowledge. I understand that Healing Hands Health Center provides care to those individuals who qualify for services under the Center's guidelines. I understand that if I am accepted for care at the center, I agree to follow all the Center regulations and guidelines.

Signature of applicant:	Date:
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