



**HARRIS COUNTY HOSPITAL DISTRICT
 PATIENT ELIGIBILITY SERVICES
 NOTIFICATION OF FINANCIAL ASSISTANCE CLASSIFICATION AND
 RIGHT TO APPEAL**

Patient Name: _____ CPI: _____
 Application Number: _____ Eligibility Center: _____
 Financial Class: _____ Patient Class: _____
 Payment Percentage: _____ Eligibility Expiration Date: _____
 Interviewer: _____ Today's Date: _____

After review of your application for financial assistance and the documents you provided, you have been approved for financial assistance at the level described above. If you were not granted a 100% discount, you were not eligible for that level of discount for the following reason:

- _____ Your income exceeds the limit for 100% discount
- _____ You are required to apply for Medicaid, SSI, or CHIP
- _____ Other (specify) _____

Part or all of your medical bill may be paid by a third party payor. These payors include but are not limited to Medicaid, Medicare, Health Insurance, Disability, Crime Victims Compensation, and proceeds from a lawsuit. If you or your dependents obtain coverage from any other third party payor in the future, you must take documentation of this coverage to the nearest eligibility center so your file can be updated. You may also mail this documentation to: Patient Eligibility Administration, HCHD, P.O. Box 300488, Houston, TX 77230. If you have insurance coverage, it is very important that you take your current insurance card to the clinic each time you seek care. If we determine that you or your dependents may be eligible for a government program such as Medicaid, SSI, or CHIP, you will be asked to apply for that program. Failure to do so may result in the loss of your current eligibility discount.

It is your responsibility to report any changes that may affect your eligibility discount to us within 14 days. These changes may include changes in income, family size, or where you are living. You can report changes to Patient Eligibility Administration, HCHD, P.O. Box 300488, Houston, TX 77266-6769. If you do not notify us of these changes within 14 days, your eligibility discount may be revoked.

A copy of eligibility policies is available upon request at any eligibility center.

If you disagree with this decision, you may ask to speak to the manager of this eligibility center. If the manager is unable to resolve the problem to your satisfaction, you may submit an appeal to the Eligibility Appeals Committee or file an appeal to the County Court of Harris County. Free legal representation may be available from the Legal Aid Society of the East Region of Texas, 1415 Fannin, Houston, TX 77002, Phone: (713) 495-1954.

APPEALING OUR DECISION

To appeal a decision about your financial assistance application to the HCHD Eligibility Appeals Committee, please complete the information below. This form must be completed within 65 days of your visit to the eligibility center. **Please submit any documents you have to support your appeal with this form.**

I wish to appeal the eligibility center's decision for the following reason:

Patient Signature: _____ Date: _____

The completed form should be mailed or faxed to:
 Eligibility Appeals Committee
 Harris County Hospital District
 c/o Director, Patient Eligibility Services Administration
 P.O. Box 300488
 Houston, TX 77266-6769
 Phone: (713) 566-6691
 Fax: (713) 566-6670

Once we receive your appeal, your application for financial assistance and any documents we receive from you will be reviewed. You will receive a response within 60 days from the receipt of your appeal.

RECEIVING HEALTH CARE FROM HCHD

Your Community Health Center for outpatient care is _____. For emergency services and hospital admittance, your hospital is _____. Be sure to make and keep appointments at your community health center because that is where your doctor and medical records will be located.



Eligibility Centers (Gold Card)		
24. Southwest Eligibility Center	6654 Hornwood Houston, TX 77074	(713) 995-3500
25. East Mount Houston Eligibility Center	11373B Eastex Freeway Houston, TX 77039	(281) 372-3100
26. South Loop Eligibility Center	5959 Long Drive Houston, TX 77087	(713) 643-3691
27. Strawberry Eligibility Center	925 Shaw Road Pasadena, TX 77506	(713) 740-8180

Hospitals		
1. Ben Taub General Hospital	1504 Taub Loop, Houston, TX 77030	(713) 873-2000
2. LBJ General Hospital	5656 Kelley St., Houston, TX 77026	(713) 566-5100
3. Quentin Mease Community Hospital	3601 North MacGregor Way, Houston, TX 77004	713) 873-3700

Specialty Centers		
4. Dental Center	1612 Fannin Street, Houston, TX 77002	(713) 757-0572
5. Thomas Street Health Center	2015 Thomas Street, Houston, TX 77009	(713) 873-4000
6. Ben Taub Children's Center	1504 Taub Loop, Houston, TX 77030	(713) 873-KIDS

Community Health Centers		
7. Acres Home	818 Ringold Street, Houston, TX 77088	(281) 448-6391
8. Aldine	4755 Aldine Mail Route, Houston, TX 77039	(281) 985-7600
9. Baytown	1602 Garth Road, Baytown, TX 77520	(281) 427-6757
10. Casa de Amigos	1615 North Main Street, Houston, TX 77009	(713) 222-2272
11. E.A. "Squatty" Lyons	1712 First Street, Suite M20, Humble, TX 77338	(281) 446-4139
12. Gulfgate	7550 Office Center Drive, Houston, TX 77012	(713) 495-3700
13. Martin Luther King	3601 North MacGregor Way, Houston, TX 77004	(713) 873-4700
14. Northwest	1100 West 34th Street, Houston, TX 77018	(713) 861-3939
15. People's	6630 DeMoss Street, Houston, TX 77074	(713) 272-2600
16. Settegast	9105 North Wayside Drive, Houston, TX 77028	(713) 633-2020
17. Strawberry	927 E. Shaw Road, Pasadena, TX 77506	(713) 477-6851

School-Based Clinics		
18. Channelview High School	828½ Sheldon Road, Channelview, TX 77530	(281) 457-6350
19. Cloverleaf Elementary	14002 Bandera, Houston, TX 77015	(713) 330-8904
20. Patrick Henry Middle School	3021 Little York Road, Houston, TX 77093	(713) 696-2731
21. Sherman Elementary	1909 McKee, Houston, TX 77009	(713) 226-2632
22. Smiley High School	10726 Mesa Road, Houston, TX 77078	(713)636-8185