



**Our vision** is to create an ambulatory health system based on the principals of human rights and social enterprise.

**Our mission** is to improve the health of our patients by providing comprehensive, affordable, and sustainable primary health care.

### **We value:**

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**Health equity**, which means we strive for the highest attainable level of physical and mental health for all our patients; making special efforts to equalize both access and outcomes for those who are most disadvantaged.

**Social solidarity**, which means we embrace human diversity while striving for group cohesion. It also means we work systematically to lessen financial hardship for our patients—especially those who are most disadvantaged.

**Personal responsibility**, because we believe in the inherent dignity of human beings, we expect our patients—specifically non-disabled, working-age adults—to answer for their own conduct and obligations and to choose between right and wrong.



257 Biltmore Avenue • Asheville, NC 28801  
828-285-0622



# Western North Carolina Community Health Services

Minnie Jones Health Center

Things to know about the Minnie Jones Health Center (MJHC), a Federally Qualified Health Center (FQHC).

### Service Delivery Sites:

257 Biltmore Ave  
(medical and dental care)  
Asheville, NC 28801  
Tel: 828-285-0622

264 Haywood Road  
(behavioral health care)  
Asheville, NC 28806  
Tel: 828-285-0622

### Hours of Operation:

Monday – Friday  
(except for designated holidays)  
8:00 am – 5:00 pm

### Service Area:

Except for participants of the **HIV Care Network of Western North Carolina**, our patients must be current residents of Buncombe County. We reserve the right to ask for appropriate proof of residence at any time.

### Health Insurance:

We accept Medicare Part-B, most Medicare Part-D plans, NC Medicaid, Health Choice, and Blue Cross/Blue Shield of NC. We accept assignment of benefits, which means we file the claims with the third party payer/carrier. Patients do not have to worry about that paperwork. ***Patients must bring their most current insurance identification card(s) to every clinic visit.***

## SCHEDULE OF FEES

Except for patients covered by NC Medicaid, the following minimum fees apply:

### Medical and Behavioral Health Care (In House):

Urgent Care: \$5.00 per visit.

Scheduled Appointments: \$10 per visit. The fee for schedule appointments is waived for as long as patients keep their appointments and are punctual. When patients “no show” (do not call 48 hours ahead of the appointment to reschedule) or are not punctual (more than 10 minutes late), the fee is not waived. This means the patient must either pay the \$10 fee for the missed appointment **in person** or use the urgent care clinic. Our limited resources and the heavy demand for our services simply do not allow us to tolerate any waste.

### Dental Care (In-House):

Urgent Care \$10/visit (plus the cost of any additional procedure); Comprehensive Oral Evaluation \$20/visit; Dental Hygiene \$15/visit. Restorative, surgical, and rehabilitative procedures according to a fee schedule. Dental fees for working-age adults are not waived.

### Pharmacy (In house):

All fees are at our **actual cost** (i.e., we do not make a profit). We waive or reduce prescription fees for patients who are **unable** to pay the full cost of the prescriptions they need. To be considered for a waiver, non-disabled, working age adults must have a valid disability application/appeal pending with the Social Security Administration. The patient must provide documentary evidence of the application/appeal. **All pharmacy fee waivers are subject to the availability of funds.**

In general, other than the fees listed above, we will not expect payment from our patients for anything else. Because all our services are subsidized, patients must self-certify their annual household income. When patients request that all minimum fees be waived due to lack of income, we require independent verification of income and resources.

### Collection of Fees:

Patients who are covered by commercial health insurance (e.g., Blue Cross/Blue Shield) must pay 100% of the charges not covered by their insurance. Non-disabled working-age patients must pay our minimum fees in cash/debit card at the time services are rendered. No credit is granted, which means we do not send out monthly bills. Although Waivers of minimum fees are possible, they are granted on a case-by-case basis, time-limited, and always subject to the availability of funds.

## ENROLLING AND USING SERVICES

You must actually use a service to be considered an “active patient”. Each of the three “core” services (medical, dental, behavioral health) can be accessed by itself. There are two methods to enroll or become a patient. Those methods (or ways to enroll in services) are described below.

### Urgent Care:

This way to access our services is for persons in acute or urgent need of help. It can be used by both new and established patients. No appointments are made. Patients must come to the clinic and wait to be seen. As a general rule, we accept between 40 and 50 patients per day for urgent care. We are not an emergency department. On any give day, we can see only the number of patients for which we have capacity. When demand exceeds capacity, we prioritize established patients—especially those assigned to us through the Carolina Access (Medicaid) program.

### Scheduled Appointments:

Appointments are scheduled by telephone. **We do not make appointments by e-mail or the Internet.**

### New Patient Appointments

New patient appointments are in heavy demand. We find the farthest a new patient appointment is scheduled into the future the more likely it is not to be kept. The result is unacceptable waste of limited resources. For this reason, we only schedule new patient appointments one month out. We start accepting requests the first Monday of each month for appointments in the following month. (For example, the first Monday of July we start making new patient appointments for the month of August.) These appointments are typically used-up within the first week of each month. This is not the best way to enroll in a service for the first time if you need urgent help. **If you are taking prescribed medications, you MUST bring ALL medication bottles to your new patient appointment.**

Established patient appointments are scheduled according to clinical need. **It is critical that ALL appointments are kept on a timely manner.** When a patient “no-shows” (i.e., does not call to reschedule or is more than 10 minutes late), he or she is deemed to have discharged him/herself from the clinic. (There are exceptions to this rule, but they are very rare.)

