

Client Responsibilities Policy
McLennan County Indigent Health Care Program

McLennan County, Texas has adopted the following as the Client Responsibilities for the County Indigent Health Care Program effective April 1, 2011.



McLennan County Judge

March 22, 2011
Date

As a member of a household applying for health care assistance from the McLennan County Indigent Health Care Program, I and all household members agree to the following requirements during the application process and, if approved, while I am receiving benefits.

____ I will follow Indigent Health Care Program policies, as well as my medical providers' office policies, concerning behavior, cancelling or postponing appointments.

____ I will obtain my prescriptions at the program designated pharmacy. I understand the program will cover three prescriptions per month. (Diabetic supplies will not count toward the 3 maximum prescriptions). I further understand prescriptions must be generic or generic alternative and not all classes of drugs may be covered by this program.

____ I understand my benefits may be terminated for illicit (illegal or misuse of prescriptions) drug use.

____ I understand that foul language, abusive or disruptive behavior whether in person, on the phone or in writing toward Indigent Health Care Program staff, provider, program designated pharmacy or any agency associated with the Indigent Health Care Program will not be tolerated. I further understand that violation of this policy may lead to suspension or termination of benefits from the Indigent Health Care Program.

____ I understand that if I do not fulfill my responsibilities in the physician/patient relationship or in conducting business with the Indigent Health Care Program staff, including frequently missed appointments and abusive and disruptive behavior the Indigent Health Care Program may suspend or terminate my eligibility for benefits under the program.

____ I understand that the Indigent Health Care Program may suspend or terminate my eligibility for benefits under the Program if I am suspended or disqualified from other third-party benefit sources because of fraud or abuse.

If, at any time, the Indigent Health Care Program becomes aware of abuse of the policies agreed to, the privileges may be suspended or terminated. Clients will be provided an opportunity to respond to the violations and be heard before services are terminated or suspended.

I hereby acknowledge, I have read and understand the above information stated in this document.