

Marion Salem United Methodist Church Free Clinic

A ministry of the Marion Salem United Methodist Church

1640 Salem Road
Caledonia, OH 43314

Phone 419-947-5383

CONSENT FOR TREATMENT

Fax 419-947-9283

Patient's Name _____
(last name) (first name) (middle initial)

Date of Birth ____/____/____ Social Security # _____

Telephone # _____ EMERGENCY PH. # _____

Home address _____
(Street Address) (City, State, Zip Code)

I hereby consent to the provision of diagnosis, care, and/or treatment (collectively, "Treatment") by the Marion Salem UMC Free Medical Clinic, and I hereby acknowledge that such consent will remain in effect unless I cancel such consent in writing.

I hereby acknowledge and confirm that I am mentally capable of giving informed consent to the provision of Treatment by the Marion Salem UMC Free Medical Clinic and am not subject to duress or under undue influence.

I hereby represent and warrant to the Marion Salem United Methodist Church of Marion County (MSUMC) Free Medical Clinic and each of its volunteers providing Treatment that (a) my current income is not more than 200% of applicable federal poverty guideline (see attached chart), (b) I am not eligible to receive Treatment under any governmental health care program (e.g., Medicaid, Medicare, Disability Medical Assistance, etc.), and (c) either I do not have private health insurance or my private health insurance plan denies coverage for the Treatment or is subject to insolvency or bankruptcy. I further acknowledge that the MSUMC Free Medical Clinic and its volunteers are relying on the truth and accuracy of the foregoing representation and would not provide Treatment to me if the foregoing representation were not true. I hereby acknowledge that under §2305.234 of the Ohio Revised Code, subject to certain exceptions, the MSUMC Free Medical Clinic and its health care professionals and health care workers who are volunteers are not liable in damages for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteers, unless the action or omission constitutes willful or wanton misconduct. I understand and hereby acknowledge that the Marion Salem United Methodist Free Health Clinics will provide me with a copy of §2305.234 of the Ohio Revised Code if I so request.

Signature of Patient or Person
Authorized to Consent*

Date

Relationship of authorized signer to patient (if applicable)

) *If this Consent is signed by someone other than the patient, it must be signed in the patient's presence.

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Below is a chart listing the 2011 Poverty Guideline at 200% for the state of Ohio. Use the chart to determine whether your family income is above or below the 200% poverty level. First, determine the number of persons in your family who live with you, including yourself, the head of household, and any dependents. Find the number of your family size on the left side of the chart. Remember your total annual income for your family unit. Determine whether your total family income is above or below the 200% poverty guideline for the size of our family. For your convenience, the chart breaks down annual income by week and month.

Persons in Family Size	200% Annual Income	200% Monthly Income	200% Weekly income
1	21,780.00	1,815.00	453.75
2	29,420.00	2,451.66	612.92
3	37,060.00	3,088.33	772.08
4	44,700.00	3,725.00	931.25
5	52,340.00	4,361.66	1090.42
6	59,980.00	4,998.33	1249.58
7	67,620.00	5,635.00	1408.75
8	75,260.00	6,271.66	1567.92
For family units of more than 8 members, add.	\$7640.00 for each additional member	636.66	159.17

Updated 7.25.11