



Gila Regional
Medical Center



Patient Guide



Welcome



Your Life.
Your Regional Medical Center.
Your Choice for Patient-Centered Care.

Your Care

We encourage you to participate in your care and help us as much as you can. Ask questions, let us know what you like, and speak up if you have a concern.

You may meet a number of our caregivers who will help with your care—from your doctors and nurses to technologists who take an X-ray or run a lab test, nursing assistants, pharmacists, social workers, nutrition assistants, and others.

Here are a few things to expect while you're a patient.

- Our caregivers should wash their hands before examining you. Regular hand-washing is a very effective way to prevent infections.
- We will routinely double-check your name and wristband before giving you medicine, tests and procedures.
- More patients than you might think have a high risk of falling, which can cause injury. If you are at risk for falling, a caregiver will help you in the bathroom. Many falls in hospitals take place in the bathroom, and we want to keep you safe and healthy.
- During your stay at the hospital we will check your vital signs regularly, even at night. We promote rest and sleep, but we also need to wake you for check-ups requested by your doctor. We want to make sure you are safe and doing well!

*We believe... We
are human beings
caring for other
human beings.*

Registration Information

To be admitted to the hospital or to have outpatient testing, lab work or imaging, you register at GRMC Registration located next to the Emergency Department. We are open around the clock to serve you. GRMC's main numbers is 575/538-4000.

The following GRMC services provide registration in their area:

- Surgical Center of the Southwest
- Gila Regional Cancer Center
- Home Care Services

Bring to Registration:

- Insurance identification cards
- Social Security number
- Medicare or Medicaid card
- Current medication list
- A method of payment for any co-payments, deductible or coinsurances that are due
- Information on next of kin or responsible parties including name, address, phone number, and relationship
- If you come for **outpatient services** please bring your doctor's prescription or verify that it has been submitted.

What to Pack for Your Stay:

- Leave your jewelry and valuables at home.
- Wear loose-fitting clothes you can put on easily when it's time to leave.
- Bring only a few personal items, such as a toiletry kit.
- Bring a list of your vitamins and medicines with dosage amounts.
- Bring a copy of your Living Will and/or Advanced Directives.
- Check the forms from your doctor and GRMC to see if there are any other items you need to bring.
- Bring contact numbers for your ride home at discharge.

GRMC Hospitalist Program

A hospitalist is a physician who typically specializes in internal medicine, and who provides care exclusively to patients who are in the hospital. During your stay at GRMC the hospitalist will be in direct contact with your primary care physician to coordinate the day-to-day treatment, tests, and recommendations needed during your stay.

Identification Bracelet

When you are admitted, an ID bracelet is placed on your wrist. This is for your safety — both your medications and your medical records are coded with your ID bracelet — so keep it on!

Financial

Financial Counseling

If you do not have health insurance and worry that you may have difficulty paying your bill for your care in full, we may be able to help. It is important that you let us know if you will have trouble paying your bill or balances after insurance.

GRMC Financial Counseling provides assistance:

- Applying for the Grant County Health Plan financial assistance program (an application is included in this packet)
- Setting up a payment schedule for your medical bills
- Discounts for self-pay patients are available with additional discounts for prompt payments
- Understanding your hospital bill
- With payments by cash, personal check, and credit card. Online payment is now available at www.grmc.org

Your Hospital Bill

Your daily hospital room charge includes: nursing care, bedside meals, admitting and billing services, housekeeping, medical record keeping, security and some medication. Additional charges will be added for services ordered by your doctor, x-rays, laboratory test, medications, oxygen, operating room, delivery room and physical therapy.

You will receive a separate bill for physician services: radiology, anesthesiology, cardiology, pathology, and other physician consultation fees. You will be billed directly by the physicians providing these services.

As a courtesy, we bill most insurance companies for you.

If you are covered by Medicare or Medicaid, we submit a bill for you. We accept the Medicaid and Medicare-approved amount as our part of the payment, but you are responsible for any deductible or co-payment.

Your Discharge

When your acute hospital care is complete, your doctor will sign your discharge order. Your nurse will check with you to make sure you have care instructions to use at home (medicines and exercises).

Discharge planning begins at admission because arrangements can be time consuming. A discharge plan is developed using the nursing and physician assessments of your current and future care needs along with your current resources.

Discharge Planning provides assistance:

- Arrange for home care equipment, such as wheelchairs, oxygen, etc.
- Make other living arrangements for those unable to return to their own homes directly after discharge.

- Help arrange financing to cover inpatient and outpatient services.

Concerns & Complaints

If you have questions or concerns about any aspect of your hospital stay or about your safety, please contact the Patient Advocate at 538-4026 or send a request with a caregiver. If your concerns cannot be resolved at this level, contact The Joint Commission at 1 (800) 994-6610, by e-mail at complaint@jointcommission.org,

The Financial Arrangement Process

At the time of your admission to the hospital, satisfactory financial arrangements need to be made for paying your hospital account. Once your hospital insurance coverage is verified, a deposit may be necessary to cover your deductible and /or co-pay insurance portion. We accept American Express, Discover, MasterCard and Visa cards for payment of your account.





www.grmc.org • 575/538-4000

Patient Rights & Responsibilities

When you are a Patient at Gila Regional Medical Center, You Have the Right To:

1. Be called by your proper name and receive considerate, respectful, safe and compassionate care regardless of your age, race, national origin, religion, sexual orientation or disabilities.
2. Have your own doctor and a family member/representative notified promptly of your admission to the hospital, as respected.
3. Know who is responsible for your care (doctors, nurses, and other health caregivers) and their role here, including relationships they may have to other health care providers or educational institutions.
4. A clear, concise explanation of your condition and proposed treatment.
5. Have your pain managed in the safest way possible.
6. Be free from restraints and seclusion of any form that are not medically required.
7. Be involved in planning your care and discharge; understand what is expected of you during your stay and for follow-up care.
8. Be interviewed, examined, and treated in a safe setting that provides personal privacy.
9. Be free from all forms of abuse or harassment.
10. Refuse treatment as permitted by law and to be informed of the medical consequences of your decisions.
11. Know in advance of any experimental, research or educational activities involved in your treatment. You can refuse to participate in any such activity.
12. Effective communications, regardless of language or other barriers.

13. Create advance directives and have staff comply with them.
14. Have an authorized representative exercise your rights if you are unable to participate in your care or treatment decisions.
15. Receive a copy of your bill after you are discharged. You may request an explanation of charges, regardless of who is paying the bill.
16. See your medical record within the guidelines established by law and have them explained.
17. Transfer to another facility, when medically permissible, if we are unable to meet your request or needs for care.
18. Give or withdraw your consent to reporters or other members of the media to talk to you, record, or photograph.
19. Seek a medical ethics consultation if ethical issues arise.
20. Seek pastoral and other spiritual services.
21. Express any complaints and concerns, including those about patient care and safety, to hospital personnel and/or management. Please contact our Patient Advocate at (575) 538-4026 or patientadvocate@grmc.org. Contact the Administration office at (575) 538-4098, by Fax at (575) 538-9714 or by mail at:

Gila Regional Medical Center
Attention: Administration
1313 E. 32nd Street
Silver City, New Mexico 88061

If your concerns and questions can not be resolved at this level, contact The Joint Commission at 1 (800) 994-6610, by Fax at (630) 792-5636, by e-mail at complaint@jointcommission.org, or by mail at:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Patient Responsibilities

When you are a Patient at
Gila Regional Medical Center,
You Have the Responsibility To:

1. Provide accurate and complete information about your personal information, current health, past illnesses, hospitalizations, medicines, written advance directives, and other matters related to your care.
2. Ask questions about specific problems and request information when you do not understand your illness or treatment.
3. Tell your doctor or nurse when you have pain, and let them know what helps you feel better and what doesn't.
4. Follow instructions for your treatment, and hospital rules about your conduct.
5. Be considerate of other patients, help control noise, and limit the number of visitors if needed.
6. Respect hospital property and property of others.
7. Provide complete and accurate information to help us process your bill for insurance. Ultimately, you are responsible for paying your hospital bill.
8. Keep appointments in a timely manner or call your health care provider if you cannot keep your appointments.



ATM Machine

Need cash? You can find an ATM in the Registration Waiting Area. The ATM is provided by First New Mexico Bank of Silver City.

Courtyard Café

Visitors are welcome to dine in our cafeteria during the following hours:

Breakfast	7 a.m. – 10 a.m.
Lunch	11 a.m. – 3 p.m.
Dinner	4 p.m. – 7 p.m.

24-hour vending machines are located on the 1st floor near the Gift Shop and on the 2nd floor in the Outpatient Services waiting area.

Chaplain

If you need spiritual support and emotional encouragement, our GRMC hospital chaplain or a Planetree ministerial volunteer is available to help. To contact our chaplain call 575/313-6897.

Chapel

The hospital's interfaith chapel located on the 2nd floor near Med/Surg Pod II is always open.

Directions

To help you find your way, we have maps of GRMC posted at each entrance. However, feel free to ask a caregiver or a volunteer to show you the way.

Education

Many resources exist for patient Education. A caregiver can assist with these materials:

- Brochures / Flyers
- HealthReach Diabetic Ed.
- Referrals to Programs
- Cancer Resource Library
575/388-1198 ext. 10.

Flowers and Mail

Our GRMC Auxiliary volunteers deliver bouquets sent to you as they arrive. Flowers may also be purchased in our Gift Shop. Mail is delivered to patient's rooms on weekdays. Mail received after discharge will be forwarded to a patient's home address. A U.S. Postal mailbox for outgoing mail is located at the information desk in the Visitor Entrance Lobby.

Gift Shop

Open weekdays from 8:30 a.m. to 4:30 p.m., the GRMC Auxiliary gift shop benefits GRMC. Explore a variety of gifts, flowers, useful items and snacks. It's located near the Visitors Entrance Lobby.

Internet Access

We have a wireless network at GRMC, so bring your laptop or PDA. The passwords are posted in waiting areas and outside the cafeteria.

Interpretation Services

Se habla Español. Spanish interpreters are available to translate in person by request.

Nurse Navigator

A women's health nurse navigator is available at no cost for women who have or may have breast cancer. Her main role is to coordinate care and provide support on the journey.

Parking

Visitor and outpatient parking is available directly in front of the Visitors Entrance, the Surgical Center and Cancer Center.

Patient Navigator

The Patient Navigator program helps patients, families, and caregivers navigate the many systems needed during the medical journey.

Smoking

Smoking is not permitted at GRMC, except in a few designated OUTDOOR areas. Please ask your caregiver for directions or check the map kiosks placed at each entrance. As of November 2012, GRMC will be going to a Tobacco Free campus. Please call 575/538-4000 for more information.

Telephones

Patient rooms are equipped with telephones. Dial 7 for an outside line. Long distance cannot be charged to the room. A GRMC operator directs incoming phone calls to patient rooms between 8 a.m. to 10 p.m.

Televisions

Cable TV is provided at no cost. Ask your caregiver about operating your bed specific TV.

Visiting hours

Family and friends of patients are welcome at Gila Regional.

Open visitation hours are from 6 a.m. to 10 p.m. After 10 p.m., all visitors need to check-in with a caregiver in Registration.

Visitors are considered members of the infection control team and play an important role in preventing and reducing infection transmissions by following these suggestions:

- Only visit when you are well; No fever, cough or sore throat
- Wash your hands before and after a visit
- If you see a red "stop" sign on the patient's door, check with the nursing staff about protective apparel

GRMC Foundation

Incorporated as a 501(c)(3) organization in 1988, the Foundation's mission is to support Gila Regional through the encouragement of charitable giving, solid stewardship of donor gifts, and recognizing specific needs of the facility, equipment, and caregivers. For more information contact the foundation coordinator at 538-4138.

More Information

For more information on Gila Regional Medical Center's services, visit our web site at: www.grmc.org



Your Privacy

575/538-4000 www.grmc.org

Our Mission
Mission
Providing
exceptional quality,
patient-centered care in
healing environments.

Our Vision
Vision
To be the best place to:
Receive Care
Work
Practice Medicine

Our Values
Values
I.C.A.R.E.
I. Integrity
C. Compassion
A. Accountability
R. Respect
E. Excellence

We are Legally Required to Safeguard Your Protected Health Information by:

- Maintaining the privacy of your health information, as known as “protected health information” or “PHI;”
- Providing you with this Notice, and
- Complying with this Notice.

Future Changes to Our Practices and This Notice:

We reserve the right to change our privacy practices. If a change in our practices is important, we will revise this Notice. You may obtain a copy of a revised Notice by: contacting the GRMC main line at 575-538-4000 and asking for the Privacy Office; picking one up in a registration area within GRMC; or from our web site, www.grmc.org.

How We May Use & Disclose Medical Information About You:

The law requires us to have your written authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your written authorization. Some types of PHI, such as drug and alcohol abuse patient information, HIV test results, mental health information, and genetic testing results, may be subject to greater protection of your privacy.

In general, we disclose a minor patient’s PHI to a parent or guardian.

Uses and Disclosures for Treatment, Payment, and Health Care Operations. PHI may be used or disclosed in the following situations.

- **To provide treatment to you,** we may use or disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care.
- **To contact you as a reminder** that you have an appointment for treatment, to tell you about or recommend possible treatment options or alternatives, or about health-related benefits or services that may interest you, we may use and disclose your PHI.
- **To get paid for treatment** provided to you we may use or disclose your

PHI to our business associates who perform billing and claims processing services.

- **To operate GRMC** we may use or disclose your PHI to evaluate the quality of care you received, to evaluate the performance of those involved with your care or to evaluate other business functions. We may also provide your contact information (such as name, address and phone number) and the dates you received services from us, to the GRMC Foundation, which handles GRMC fund-raising efforts.

Uses and Disclosures That Require Us to Give You the Opportunity to Object. If you do not object, we may include your name, location in our facility and general condition in:

- **A patient directory** used for requests by those who ask for you by name. If you do not object, we also disclose information from the directory and your religious affiliation to clergy who visit the GRMC facilities.

- We may provide relevant portions of your PHI **to a family member, friend, or other person you indicate** is involved in your health care or in emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it after the emergency, and give you the opportunity to object to future disclosures to family and friends.

- In the case of **Disaster relief notification activities** we may also disclose your PHI to persons performing this duty.

The law allows us to disclose PHI without your written authorization in the following situations:

- **When Required or Authorized by Law** We disclose PHI when we are required to do so by federal, state or local law. This may include the release of PHI to a law enforcement official.
- **For Public Health Activities.** We disclose PHI when we report the occurrence of certain injuries, diseases, or adverse reactions to a drug or medical device.

• **For Reports About Victims of Abuse, Neglect or Domestic Violence.** We disclose your PHI in these reports if we are required or authorized by law to do so, or if you otherwise agree.

• **To Health Over site Agencies.** We provide PHI as requested to government agencies who have authority to audit or investigate our operations.

• **For Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we disclose your PHI in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or to obtain a court order that will protect the PHI requested.

• **To Coroners, Medical Examiners and Funeral Directors.** We disclose PHI to facilitate the duties of these individuals.

• **To Organ Procurement Organizations.** We disclose PHI to facilitate organ donation and transplantation.

• **For Medical Research.** We may disclose your PHI, without your written authorization, to medical researchers who request it for approved medical research projects. Such disclosures must be cleared through a special approval process. Researchers are required to safeguard any PHI they receive.

• **To Avert a Serious Threat to Health or Safety.** We disclose your PHI to someone who can help prevent a serious threat to your health and safety of another person or the public.

• **For Special Government Functions** We disclose your PHI, for example, to federal officials for intelligence and national security activities that are authorized by law or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.

• **When Required or Authorized by Law** We disclose PHI when we are required to do so by federal, state or local law. This may include the release of PHI to a law enforcement official.

• **To Workers' Compensation or Similar Programs.** We provide PHI to these programs in order for you to obtain benefits for work-related injuries or illness.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of

your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written permission. You may revoke that permission, in writing, at any time.

Your Rights Related to Your Protected Health Information:

• **The Right to Request Limits on Uses and Disclosures of Your PHI.**

You may ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make. Requests must be submitted in writing to our Medical Records Department. We are not required to agree to your request, but if we do, we will put it in writing and will abide by the agreement except when you require emergency treatment.

• **The Right to Choose How We Communicate With You.** You may ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We may agree to your request as long as we believe it is reasonable and we determine that it would not be disruptive to our procedures. You must make any such request in writing to our Medical Records Department.

• **The Right to See and Copy Your PHI.** Except for limited circumstances, you may look at and copy your PHI if you ask in writing. Any such request must be addressed to the Medical Records Department where you received your services. They will respond to your request within 30 days, if available on site or 60 days if the PHI is kept offsite. If extra time is needed, we may extend the response time by and additional 30 days.

In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your right to have the denial reviewed.

If you ask us to copy your PHI, a fee may be charged for the costs of copying, mailing or other supplies associated with your request. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost of providing the summary in advance.

• **The Right to Correct or Update Your PHI.** If you believe that the PHI we have about you is incomplete or

incorrect, you may ask us to amend it. Requests must be submitted in writing to Medical Records Department and tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if extra time is needed), and will inform you in writing whether we agree to amend or not.

We may deny your request if you ask us to amend information that:

- was not created by us;
- is not part of the PHI we keep about you;
- is not part of the PHI that you would be allowed to see or copy;
- or is determined by us to be accurate and complete.

If we deny your request, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

• **The Right to Get a List of Your PHI Disclosures We Have Made.** The list will not include disclosures made for our treatment, payment and health care operations purposes, those made directly to you, your family or friends or through our facility directory, or for disaster notification purposes. The list will not include disclosures made with your written authorization, for national security purposes, to law enforcement personnel, disclosure of limited data set, or disclosures made before June 2003.

Your request for a list of disclosures must be made in writing and be submitted to the Medical Records Department. We will respond to your request within 60 days (or 90 days if the extra time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged a fee for any additional lists.

• **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. We will not retaliate against you for filing a complaint. ✦



www.grmc.org • 575/538-4000

To prevent health care errors, patients are urged to...

Speak Up

Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and many health care technicians. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team. An Institute of Medicine report says that medical mistakes are a serious problem in the health care system. The IOM says that public awareness of the problem is an important step in making things better. The “Speak Up™” program is sponsored by The Joint Commission. They agree that patients should be involved in their own health care. These efforts to increase patient awareness and involvement are also supported by the Centers for Medicare & Medicaid Services. This program gives simple advice on how you can help make health care a good experience. Research shows that patients who take part in decisions about their own health care are more likely to get better faster. To help prevent health care mistakes, patients are urged to “Speak Up.”

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety. Helping health care organizations help patients

Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.

- Your health is very important. Do not worry about being embarrassed if you don't understand something that your doctor, nurse or other health care professional tells you. If you don't understand because you speak another language, ask for someone who speaks your language. You have the right to get free help from someone who speaks your language.
- Don't be afraid to ask about safety. If you're having surgery, ask the doctor to mark the area that is to be operated on.
- Don't be afraid to tell the nurse or the doctor if you think you are about to get the wrong medicine.
- Don't be afraid to tell a health care professional if you think he or she has confused you with another patient.

Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals.

Don't assume anything.

- Tell your nurse or doctor if something doesn't seem right.
- Expect health care workers to introduce themselves. Look for their identification (ID) badges. A new mother should know the person who she hands her baby to. If you don't know who the person is, ask for their ID.
- Notice whether your caregivers have washed their hands. Hand washing is the most important way to prevent infections. Don't be afraid to remind a doctor or nurse to do this.
- Know what time of the day you normally get medicine. If you don't get it, tell your nurse or doctor.
- Make sure your nurse or doctor checks your ID. Make sure he or she checks your wristband and asks your name before he or she gives you your medicine or treatment.

Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.

- Ask your doctor about the special training and experience that qualifies him or her to treat your illness.
- Look for information about your condition. Good places to get that

- information are from your doctor, your library, support groups, and respected Web sites, like the Centers for Disease Control & Prevention (CDC) Web site.
- Write down important facts your doctor tells you. Ask your doctor if he or she has any written information you can keep.
- Read all medical forms and make sure you understand them before you sign anything. If you don't understand, ask your doctor or nurse to explain them.
- Make sure you know how to work any equipment that is being used in your care. If you use oxygen at home, do not smoke or let anyone smoke near you.

Ask a trusted family member or friend to be your advocate (advisor or supporter).

- Your advocate can ask questions that you may not think about when you are stressed. Your advocate can also help remember answers to questions you have asked or write down information being discussed.
- Ask this person to stay with you, even overnight, when you are hospitalized. You may be able to rest better. Your advocate can help make sure you get the correct medicines and treatments.

- Your advocate should be someone who can communicate well and work cooperatively with medical staff for your best care.
- Make sure this person understands the kind of care you want and respects your decisions.
- Your advocate should know who your health care proxy decision-maker is; a proxy is a person you choose to sign a legal document so he or she can make decisions about your health care when you are unable to make your own decisions. Your advocate may also be your proxy under these circumstances. They should know this ahead of time.
- Go over the consents for treatment with your advocate and health care proxy, if your proxy is available, before you sign them. Make sure you all understand exactly what you are about to agree to.
- Make sure your advocate understands the type of care you will need when you get home. Your advocate should know what to look for if your condition is getting worse. He or she should also know who to call for help.

Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

- Ask about why you should take the medication. Ask for written information about it, including its brand and generic names. Also ask about the side effects of all medicines.
- If you do not recognize a medicine, double-check that it is for you. Ask about medicines that you are to take by mouth before you swallow them. Read the contents of the bags of intravenous (IV) fluids. If you're not well enough to do this, ask your advocate to do it.
- If you are given an IV, ask the nurse how long it should take for the liquid to run out. Tell the nurse if it doesn't seem to be dripping right (too fast or too slow).

- Whenever you get a new medicine, tell your doctors and nurses about allergies you have, or negative reactions you have had to other medicines.
- If you are taking a lot of medicines, be sure to ask your doctor or pharmacist if it is safe to take those medicines together. Do the same thing with vitamins, herbs and over-the-counter drugs.
- Make sure you can read the handwriting on prescriptions written by your doctor. If you can't read it, the pharmacist may not be able to either. Ask somebody at the doctor's office to print the prescription, if necessary.
- Carry an up-to-date list of the medicines you are taking in your purse or wallet. Write down how much you take and when you take it. Go over the list with your doctor and other caregivers.
- If you think you have taken an overdose, or a child has taken medicine by accident, call your local poison control center or your doctor immediately.

Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

- Ask about the health care organization's experience in taking care of people with your type of illness. How often do they perform the procedure you need? What special care do they provide to help patients get well?
- If you have more than one hospital to choose from, ask your doctor which one has the best care for your condition.
- Before you leave the hospital or other

facility, ask about follow-up care and make sure that you understand all of the instructions.

- Go to Quality Check at www.qualitycheck.org to find out whether your hospital or other health care organization is "accredited." Accredited means that the hospital or health care organization works by rules that make sure that patient safety and quality standards are followed.

Participate in all decisions about your treatment. You are the center of the health care team.

- You and your doctor should agree on exactly what will be done during each step of your care.
- Know who will be taking care of you. Know how long the treatment will last. Know how you should feel.
- Understand that more tests or medications may not always be better for you. Ask your doctor how a new test or medication will help.
- Keep copies of your medical records from previous hospital stays and share them with your health care team. This will give them better information about your health history.
- Don't be afraid to ask for a second opinion. If you are unsure about the best treatment for your illness, talk with one or two additional doctors. The more information you have about all the kinds of treatment available to you, the better you will feel about the decisions made.
- Ask to speak with others who have had the same treatment or operation you may have to have. They may help you prepare for the days and weeks ahead. They may be able to tell you what to expect and what worked best for them.
- Talk to your doctor and your family about your wishes regarding resuscitation and other life-saving actions.



www.grmc.org

Area code (575)



**Gila Regional
Medical Center**



1313 E. 32nd St.

Silver City, NM

**GRMC Information538-4000
or toll free..... 1-877-538-4003**

Administration538-4090

Admissions/Registration538-4000

EMERGENCIES ONLY..... 911

Non-emergency/
Central Dispatch538-4183

Business Office/Billing574-4989
or toll free 1-866-574-4989

Cancer Center538-4009

Cardiopulmonary/
Respiratory Therapy538-4191

Courtyard Café538-4819

Desert Sage Coordinator538-4870

Discharge Planning/
Case Management538-4019

Education.....538-4178

Emergency Department.....538-4050

EMS Training Center538-4183

First Born Program388-9708
or toll free 1-800-830-4801

Foundation538-4138

Grant County Community
Health Council388-1198

Grant County Health Plan
(Payment Assistance)574-4180
or toll free 1-866-574-4829

Health Care Recruiter538-4675

Home Care Services
Silver City office574-4948

Deming office546-6151
or..... 1-888-546-4452

Lordsburg office.....574-4948
or.....542-3127

HealthReach Diabetes
Education.....538-4826

Hospice.....574-4934

Human Resources 538-4076

Infection Control538-4080

Infusion Services.....538-4668

Laboratory538-4167

Labor and Delivery538-4010

Childbirth Classes538-4194

Lactation Consultant...538-4676

Mammography/
Radiology/Imaging538-4125

Marketing/PR538-4067

Nurse Advice Line.... 1-877-725-2552

Nursery.....538-4025

Medical Records538-4108

Medical Staff Services538-4144

Mental Health Unit
(Behavioral Health)538-4045

Patient Advocate538-4026

Rehabilitation Center
Occupational Therapy
Physical Therapy538-4899

Sleep Lab 538-4061

Spiritual Care/
Chaplaincy..... 538-4000 X3061

Surgical Center538-4698

Wellness/ Billy Casper Fitness Center
Massage Therapy538-4844

Volunteer Opportunities:
Auxiliary538-4175
Hospice574-4934
Planetree.....538-4148

Your Choice for Patient-Centered Care.



“We Work for the Health of Our Neighbors”

2012 Income*	1... \$22,340.00
Guidelines	2..... 30,260.00
By Size of	3..... 38,180.00
Household	4..... 46,100.00
For families with	5..... 54,020.00
more than 8, add	6..... 61,940.00
\$3,960 for each	7..... 69,860.00
additional person	8..... 77,780.00
*Adjusted Gross Income	

Grant County Health Plan

The Grant County Health Plan is a service provided by Grant County for its residents. It offers assistance with medical bills for services provided by Gila Regional Medical Center as well as ambulance services. This includes some physician bills for services received in a Sole Community Provider hospital. The Grant County Health Plan will not cover elective surgery, medical supplies, medication, home health services, and outpatient physical, occupational, and speech therapies.

All applicants must supply proof of **all household income** for a period of twelve months prior to the date services were received. This can be the most recent Federal tax form, Social Security Benefit letter or another form of income proof. The applicant must also demonstrate proof of residency in Grant County for a 90 day period preceding the date of services. This can be three consecutive months of utility bills or notarized letters from two people who are not family members. **All applications must be submitted to the Grant County Health Plan within 90 days from date of service.**

Once approved the applicant and eligible family members are considered current for one year from the application date. They must reapply at that time to maintain coverage with the GCHP.

Applicant's Information

Last Name	First Name	Middle Initial	Other Names Used
Date of Birth		Social Security Number	
Mailing Address		Resident Address	
City	State	Zip Code	Phone Number

Return application with documentation to:
 Grant County Health Plan — located in Office #3 of the Registration area at Gila Regional Medical Center, 1313 East 32nd St., Silver City, NM 88061
 Office Hours: Monday – Friday 8 a.m. – 4:30 p.m.
 Phone: (575) 538-4180 or toll free 1-866-574-4989

Additional information and application found online at www.grmc.org.

Proof of income: 2011 Federal Tax Form
 Social Security Benefit Letter
 Other

Proof of Residency: 3 Consecutive Utility Bills
 2 Notarized Letters from Non-Family

Photo ID: Driver's License
 Other

This box is for Business Office Use Only:

MCD _____

SCI _____

Other _____

List all members of the household:

	First Name	Last Name	Social Security Number	Date of Birth	Relationship
1					
2					
3					
4					
5					
6					
7					

Verified Statement of Qualification

I have been a resident of Grant County for greater than 90 days. The information I have provided with this Grant County Health Plan Claims Application is true and correct. I do not have any outstanding insurance or other resources to pay amount owed to my healthcare provider(s). If unforeseen resources should become available I will notify the Grant County Health Plan immediately and these resources will be applied to pay the Grant County Health Plan Fund part or all the fund money paid under this request. I do not have any claim or any legal action pending against any party in regards to this case.

I authorize the release of any information concerning the final diagnosis and surgical procedure to the Grant County Health Plan Claims Board. This may include psychiatric, psychological diagnosis, alcohol abuse, drug abuse and/or HIV/AIDS diagnosis. This information will be used to perform utilization review and claims processing functions.

I declare that all the information I have provided for this application is true and correct under penalty that any false statement made knowingly shall constitute a felony.

Signed _____ day of _____, 201__ .

X _____
Signature of Patient or Legally Responsible Party

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 201__ .

Notary Public

My Commission Expires

Medical payment assistance is available in most counties.

- For those who live in Hidalgo County contact Tisha Green at the Hidalgo County Manager’s office at 575-542-9428 regarding the Hidalgo County Indigent Fund.
- In Luna County contact Wilma Mendoza at Mimbres Memorial Hospital at 575-546-5840 or 575-546-5890 regarding the Luna County Indigent Fund.