



Small Business Service:

Affordable Health Care for Chapel Hill-Carrboro Chamber Members

What is it?

The Chapel Hill-Carrboro Chamber of Commerce's Small Business Service is a partnership with Piedmont Health Services to provide health care to uninsured employees and family members of Chamber members. The Small Business Service does not provide health insurance but rather access to affordable primary health care, health services, and medication. In doing so, the service combats rising health care costs and gives affordable access to the growing number of small business owners and their employees who are without insurance. Participating in the service is free and gives members access to primary care physicians for \$60 per visit, including any in-house exams, as well as prescription medications filled on-site for \$10. Similar physical exams and services can cost as much as \$225 in the private market.

Who can participate?

The Small Business Service is open to any employees and family members of Chamber members. Chamber membership is open to any business, non-profit, or individual. For information about joining the Chamber, contact Abby Spoon, Director of Business Development, at (919) 967-7076 or aspoon@carolinachamber.org.

How do I sign up?

Chamber members interested in the Small Business Service can complete a pre-registration form found below or at the Piedmont Health Services corporate office in Carrboro (see address below). The primary contact for the service at Piedmont Health Services is Debra Markley who can be reached at (919) 933-8494 x. 1468 or markleyd@piedmonthealth.org. Participants may also contact the Chamber at (919) 967-7075 for more information.

Where are the clinics?

There are six locations to serve Small Business Service participants. They include:

Burlington 1: 5270 Union Ridge Road, Burlington, NC 27217

Burlington 2: 221 N Graham-Hopedale Rd, Burlington, NC 27217

Carrboro: 301 Lloyd Street, Carrboro, NC 27510

Moncure: 7228 Pittsboro-Moncure Rd, Moncure, NC 27559

Prospect Hill: 140 Main Street, Prospect Hill, NC 27314

Siler City: 224 South 10th Ave, Siler City, NC 27344

For directions to these locations, visit Piedmont Health Services Web site at www.PiedmontHealth.org.



FACT SHEET **Piedmont Business Health Services**

WHAT: Business Health Services Program sponsored by Piedmont Health Services, Inc. for Greater Chapel Hill Association of Realtors (GCHAR) and Chamber of Commerce (Chamber) members.

WHO: Available only to Chamber or GCHAR member business owners/employees and their immediate families.

HOW: Complete Registration Form and send to Debra Markley, 299 Lloyd Street, Carrboro, NC 27510, fax it to (919) 933-9201 or turn in at the Chamber Office (for Chamber members only). Participants may go to any of Piedmont Health's six centers. Visit Piedmont's website, especially the physician section in Choose a Location at <http://www.piedmonthhealth.org>

COSTS:

- Any doctor visit (complete with labs) \$60
 - Prescriptions from our formulary filled at our in-house pharmacy are \$10 each; non-formulary prescriptions may be available upon request at a significant discount (average 50% on most)
- * Members are encouraged to make their first appointment to see their doctor when they sign up for the program.
- * Debra Markley may be reached at (919) 933-8494 ext. 1468 or (919) 619-4340 cell.

People caring for people since 1970

Visit our website: www.piedmonthhealth.org
Fax Number: (919) 933-9201



PIEDMONT

Health Services, Inc.
"People Caring For People"



Business Health Services Registration Form (Please Print)

Name: _____

Responsible Party: _____ Relationship to Patient: _____
(If under 18)

Number of Dependents: _____

Address: _____

City/State/Zip: _____

Best Phone number to reach you: (____) _____ 2nd Phone: (____) _____

Date of Birth: _____ Sex: Male___ Female___

Race: White/Caucasian___ Black/African American___ Asian___ Multi-racial___
American Indian___ Other___ Hispanic: Yes ___ No___

Circle appropriate program name:

Associations:	Chambers of Commerce:	
Greater Chapel Hill Association of Realtors (GCHAR)	Chapel Hill- Carrboro	Caswell County
	Hillsborough-Orange County	Chatham
	Roxboro Area	

GCHAR Employer: _____

Chamber Employer: _____

Employed Since: _____

Job/Occupation: _____

Email: _____ Military Veteran: Yes___ No___

Piedmont Health Center where you want to receive care: _____

Emergency Contact: Name: _____

Phone: _____ Relationship: _____

*****Please bring Photo Identification upon your first arrival at one of our
six Community Health Centers*****

TREATMENT/OPERATION/PAYMENT AGREEMENT WITH PIEDMONT HEALTH SERVICES, INC.

I authorize PIEDMONT HEALTH SERVICES to provide me and/or my family with medical/dental care. I authorize assignments of insurance benefits for medical/dental care to be paid to PIEDMONT HEALTH SERVICES. I authorize the use or disclosure of protected health information belonging to myself and/or family members for the purposes of treatment and operations. I understand that it is my responsibility to pay for the medical/dental care provided by PIEDMONT HEALTH SERVICES. I have reviewed the Notice of Information Privacy Practices and have been offered a copy of it. I have been given an opportunity to ask questions about the Privacy Policy and the protection of my confidential health information at PIEDMONT HEALTH SERVICES.

Signature: _____ Date: _____
(Patient or responsible party if under 18)



Notice of Information Privacy Practices

Effective date: April 13, 2003

WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU
This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Piedmont Health Services may use or disclose Protected Health Information (PHI) about you in the following circumstances:

- *To provide health care treatment to you*
- *To obtain payment for services rendered*
- *For operation of our health care facilities*
- *When the state or federal law requires it*
- *To contact you with appointment reminders*
- *To contact you with information about treatment or services*

Where your Protected Health Information is concerned, you have the right

- *To object to certain uses or disclosures*
- *To request restrictions on the uses or disclosure of information about you*
- *To request different ways of communicating with you*
- *To request copies of your health care information*
- *To request an amendment of PHI about you*
- *To see a list of disclosures we have made of your PHI*
- *To request a copy of this notice*

**You may file a complaint about our privacy practices.
To do so, please ask to speak with the Center Manager.**

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If you have questions about the rights and protections that guard the privacy of your health information at Piedmont Health Services, please contact:

**Privacy Officer
Piedmont Health Services, Inc.
PO Box 17179
Chapel Hill, NC 27519-7179
(919) 933-8494**