PATIENT RESOURCE GUIDE

EVERYTHING YOU NEED TO KNOW ABOUT YOUR HEALTHCARE HOME.
How to Use This Guide

This guide is designed to help our patients better understand all of the services and programs La Esperanza Clinic offers. Pages 1-14 will go over general information about our clinic from locations, what to bring to your appointment, payment options, clinic policies, and programs we offer. Pages 17-25 will go over the different medical and dental services we offer sorted by department. Pages 26-31 are for you, the patient, to use. We have included a template in order for you to write down notes for you medical appointment. Pages 32-37 are surveys that you can use to help La Esperanza Clinic improve our services and communications. Please deposit surveys in the designated boxes at each clinic location.

About Us

La Esperanza Clinic, Inc. is a Federally Qualified Health Center (FQHC). FQHCs are community-based health care providers that provide comprehensive patient-centered primary care services in underserved areas. FQHCs will provide services to anyone, regardless of ability to pay.

The clinic has a voluntary board of directors with a membership of nine to fifteen community residents. By mandate a minimum of 51% of members are current patients of our clinic. The board members meet monthly.
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Mission Statement

The mission of La Esperanza Clinic is to provide quality preventive health and dental care services to all people, particularly the medically underserved, of San Angelo and the Concho Valley.

Locations

La Esperanza Clinic has two convenient locations in San Angelo. Each location offers a wide selection of specialized services and a range of operating hours to accommodate all our patients’ healthcare needs and schedules. Visitors can expect friendly staff, knowledgeable providers, and a quality health care plan that is designed for the patient’s needs.

Our clinics are also located near public transportation. Our Chadbourne Clinic has its own stop on Route 2 and our Lakeview Clinic is about two blocks from the Tom Green County North Library stop on Route 3. If you are disabled, elderly, or insured by Medicaid you may also qualify for discounted or free transportation. Call our outreach department to find out more.

Contact us today to see all we have to offer!

Lakeview Clinic
35 E. 31st Street
San Angelo, TX 76903

South Chadbourne Clinic
1610 S. Chadbourne Street
San Angelo, TX 76903

Administration, Billing, & Outreach Offices
2033 Beauregard Avenue
San Angelo, TX 76901

La Esperanza Clinic (325) 658 – 5339

Find us on
Lakeview Clinic

35 E. 31st Street
Mon-Fri 8am to 5pm

Services Offered

• Acute/Chronic Medical Care
• Annual Physical Examinations
• Behavioral Health
• Benefit Determination Assistance
• Dental-Pediatric & Adult
• Immunizations
• Lab Services
• Nutrition Education/Counseling
• Pediatrics
• Primary Healthcare
• Radiology
• School/Employment Physicals
• Women’s Health
South Chadbourne Clinic

1610 S. Chadbourne Street
Mon-Thru 8 am to 8 pm
Fri 8 am to 5 pm | Sat 9 am to 1 pm

Services Offered

- Acute/Chronic Medical Care
- Annual Physical Examinations
- Behavioral Health
- Diabetes Education Classes
- Immunizations
- Lab Services
- Nutrition Education/Counseling
- Physical Therapy
- Primary Healthcare
- Radiology
- School/Employment Exams
- **Saturday**: Walk-ins welcome 9am-1pm
What to Bring

La Esperanza Clinic is dedicated to providing affordable care to all patients; in order to continue offering lower cost care it is necessary to collect a payment during every visit.

In order to serve all our patients in a timely manner, we ask you to have the following ready when visiting the clinic:

- Insurance Cards
- Proof of Income when no insurance is available (see page 8-9)
- Photo ID
- List of current medications/allergies
- All of your current prescriptions
- First Visit: a Utility Bill with your current address (i.e. water, electric, gas, phone, cable, etc.)
Payment Options

La Esperanza Clinic offers several payment methods that allow patients to have access to the care they need at a cost they can afford.

- Uninsured or underinsured patients qualify for the Sliding Fee Scale Discount Program
- Medicare/Medicaid, CHIP, Private Insurance, and HMO are also accepted
- Onsite assistance with applying for state services such as Medicaid and CHIP is available
- We accept VISA, MasterCard, cash, and check

Self-Pay Patient

La Esperanza Clinic knows every patient is different in their ability to pay. In order to accommodate this, the clinic offers a Sliding Fee Scale Discount Program based on different income situations.

Sliding Fee Scale Discount Program:
In order to be eligible for the Sliding Fee Scale Discount Program, patients must renew their proof of income every 6 months; regardless of if the information has not changed or if they are a long term patient of the clinic.

If you would like more information about the Sliding Fee Scale Discount Program, please call us at (325) 658-5339.
Proof of Earned Income

Proof of income is required from all members of the patient’s household in order to be eligible for Sliding Fee Scale Discount Program.

If the patient gets paid bring in the most recent months’ pay stubs or copies of paychecks. If paid:

- Weekly—bring four pay stubs
- Bi-weekly—bring two pay stubs
- Twice a month—bring two pay stubs
- Monthly—bring one pay stub

If the patient doesn’t have pay stubs or copies of paychecks, their employer can fill out an Employment Verification Form. For all patients, a filed tax return will be accepted until June 30th of the current year.

Proof of Unearned Income:

Please bring the following (if applicable) to be eligible for the Sliding Fee Scale Discount Program:

- Current year’s Social Security Award Letter for Supplemental Income
- Unemployment Benefits for current year
- Disability Award Letter
- Pell Grants
- Child Support (current printout from Attorney General’s Office)
- Retirement check for current year or statement showing payments
If No Income at All

Please bring a Letter of Support and a copy of the photo ID of the supporter if they will not be present at the time of acceptance. The Letter of Support must include the dollar amount that the supporter provides for the patient in a month.

Patients staying at a shelter should provide a Letter of Support on business letterhead.

Who is a supporter?
A person who provides financial assistance (in the form of housing, toiletries, food, or money) to a patient that does not have another form of income.

How do you calculate the amount provided?
The supporter should determine how much they spend on the patient in a month. This amount should not only include the amount of money given to the patient, but also the cost of other necessities that the supporter provides. For example, if the patient lives with the supporter, the supporter should decide how much they would charge the patient if they were to ask them to pay for their share of rent, utilities, and groceries.

Note: If the visit is not covered or paid in full, any remaining balances will be billed to the patient.
PATIENT PORTAL
YOUR NEW MEDICAL RECORDS RESOURCE

ABOUT YOUR PATIENT PORTAL
La Esperanza Clinic now offers online access to your patient records using our secure Patient Portal. Not only do you have 24/7 access to your medical information, but you can also use it to request appointments.

BENEFITS
This is a free service that allows you to view your medical records at your own convenience while keeping your records secure and confidential.

HOW TO SET UP AN ACCOUNT
• On your next visit, speak with a receptionist about setting up your portal

WHAT TO BRING
• Photo ID - this is to verify your identity in order to maintain your confidentiality
• An email address to give the receptionist

HOW TO LOG IN
• The receptionist will provide you with your login information
• You can log in securely from any computer or mobile device with an internet connection by visiting: https://www.nextmd.com/ud2/Login/Login.aspx
Additional Information

**Missed Appointments**
Patients will be given up to 15 minutes after the time of their scheduled appointment to arrive. If they arrive any later, they will be asked to reschedule.

**Cancelled Appointments**
La Esperanza Clinic uses text and call reminders to give patients the opportunity to cancel appointments if they need to. If the patient indicates he/she needs to reschedule they will be contacted by a staff member to make a new appointment.

**Medical Records**
Records are available upon request at registration. The patient and anyone listed as an authorized person will be the only ones able to request the patient’s records. Medical records also can be accessed by visiting the Patient Portal website.

**Refill Policies**
If you need medication refills contact your pharmacy first to see if you have refills available. The pharmacy will then contact La Esperanza Clinic for refills if necessary.

*If patients require lab work before receiving a refill, they MUST schedule an appointment with their provider. It is up to the provider to determine if they are eligible for a refill. Refills will not be given to patients who are not up to date on their medical visits and lab work.*
Programs

Screening for Healthcare Options and Financial Assistance

Understanding your healthcare options can be difficult at times. La Esperanza Clinic offers appointments where you can discuss your healthcare options and what financial assistance you are eligible for.

We also offer appointments with a Certified Application Counselor if you are interested in purchasing health insurance from Marketplace. To learn more, please call (325) 949-6220.

Success By 6

La Esperanza’s Success By 6 program is designed to help children of teenage parents. These children need a good start in life because a major part of brain development occurs between conception and the age of six. Research has proven that children born to teenage parents are at high risk for health problems.

We can HELP! To speak with the Success By 6 Case Manager please call (325) 949-7974.
**Diabetes Education**
La Esperanza Clinic offers diabetes education classes to our patients. To get details on the class topics, instructor names, and class times, please contact your primary care provider.

**American Cancer Society Partnership**
La Esperanza Clinic is currently partnered with the American Cancer Society in order to prevent cancer in our community.

![Recognized as a CANCER CONTROL CHAMPION by the American Cancer Society](image)

**Social Services Referrals**
La Esperanza Clinic is dedicated to making an impact in our community and helping our patients succeed. In addition to providing affordable healthcare, we also provide social service referrals to other organizations in our community. For more information, please call our main phone number and ask to speak with someone from our Outreach Department.
La Esperanza Clinic, Inc. patients can receive prescription discounts at the following locations:

**FOOD KING**
2 S Main St, San Angelo, TX 76903  
(325) 658 - 6551  
1926 N Bryant, San Angelo, TX 76903  
(325) 653 - 3271  
Monday - Friday (Lunes - Viernes) 9am - 6pm  
Saturday (Sabado) 9am - 1pm

**HEB (THE ORIGINAL LOCATION)**
3301 Sherwood Way, San Angelo, TX 76901  
(325) 942 - 0454  
Monday - Friday (Lunes - Viernes) 9am - 9pm  
Saturday (Sabado) 9am - 6pm  
Sunday (Domingo) 10am - 5pm

**MEDICAL ARTS PHARMACY**
2102 Pecos St, San Angelo, TX 76901  
(325) 949 - 4636  
Monday - Friday (Lunes - Viernes) 8am - 6pm  
Saturday (Sabado) 9am - 2pm

**MYERS DRUG**
29 S Chadbourne, San Angelo, TX 76903  
(325) 655 - 3146  
Monday - Friday (Lunes - Viernes) 9am - 6pm  
Saturday (Sabado) 9am - 12pm
A Snapshot: Diabetes in the United States

**Diabetes**

30.3 million people have diabetes

That’s about 1 out of every 10 people

1 out of 4 don’t know they have diabetes

**Prediabetes**

84.1 million people — more than 1 out of 3 adults — have prediabetes

9 out of 10 don’t know they have prediabetes

If you have prediabetes, losing weight by:

- Eating healthy
- Being more active

Can cut your risk of getting type 2 diabetes in half

**Cost**

$245 billion Total medical costs and lost work and wages for people with diagnosed diabetes

Risk of death for adults with diabetes is 50% higher than for adults without diabetes

Medical costs for people with diabetes are more than twice as high as for people without diabetes

People who have diabetes are at higher risk of serious health complications:

- Blindness
- Kidney failure
- Heart disease
- Stroke
- Loss of toes, feet, or legs
**TYPES OF DIABETES**

**TYPE 1**

- Body doesn't make enough insulin
  - Can develop at any age
  - No known way to prevent it

Nearly 18,000 youth diagnosed each year in 2011 and 2012

In adults, type 1 diabetes accounts for approximately 5% of all diagnosed cases of diabetes.

**TYPE 2**

- Body can't use insulin properly
  - Can develop at any age
  - Most cases can be prevented

In adults, type 2 diabetes accounts for approximately 95% of all diagnosed cases of diabetes.

More than 5,000 youth diagnosed each year in 2011 and 2012

1.5 million People 18 years and older diagnosed in 2015

**RISK FACTORS FOR TYPE 2 DIABETES:**

- Being overweight
- Having a family history
- Being physically inactive
- Being 45 and older

**WHAT CAN YOU DO?**

You can **prevent** or **delay** type 2 diabetes

- Lose weight if needed
- Eat healthy
- Be more active

Learn more at [www.cdc.gov/diabetes/prevention](http://www.cdc.gov/diabetes/prevention) or speak to your doctor

You can **manage** diabetes

- Work with a health professional
- Eat healthy
- Stay active

Learn more at [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep) or speak to your doctor

**REFERENCES**


Primary Care

Our primary care providers are able to take care of your family’s general healthcare needs.

Services Offered

- Annual Physical Examinations
- Acute Medical Care
- Chronic Medical Care
- Employment/School Physicals
- Immunizations
- Lab Work
- Nutrition Education/Counseling
- Radiology
Primary Care Providers

Teena Dotson, PA-C

Mary Beth Luttrell, RN MSN, FNP-C

Laura Odom, RN MSN, FNP-C

Marc Wimpee, MD

Scott Lindsey RN MSN, FNP-C

Jeffery Mays, MD

Debra Sosolik, RN MSN, FNP-BC

Providers’ photos are courtesy of Gary D. Hensley

La Esperanza Clinic           (325) 658 – 5339           www.EsperanzaHealth.org
Our women’s health department offers services that are designed with female patients in mind.

**Services Offered**

- Family Planning
- Lab Services
- Menopause Health
- Pap Smear
- Pregnancy Health
- Ultrasounds
- Well Woman Exams

*Healthy Texas Women provides assistance to some patients.*

**Women’s Health Providers**

Rosalinda Carrizales, DO, OB/GYN

Charles Harzke, MD, OB/GYN

Cindy Stokes, RN, MSN, CNM
What is HPV?*

The Human Papilloma Virus (HPV) is very common and can be easily transferred from one person to another by sexual contact. It can develop into cancer in both men and women.

In the United States, about 14 million people, mostly teens, become infected with HPV each year. Over 31,500 people in the United States each year are affected by a type of cancer caused by the HPV infection.

While there is screening available for cervical cancer for women, there is no screening for the other cancers caused by the HPV infection, like cancers of the mouth/throat, anus/rectum, penis, vagina and vulva.

The HPV Vaccine

- With the HPV vaccine, it is now possible to prevent certain types of HPV in the future
- All girls and boys who are 11-12 years old should get the recommended series of HPV vaccine
- The vaccination series can be started at age 9
- Teen boys and girls who did not get vaccinated when they were younger should get it now
- HPV vaccine is recommended for young women through age 26, and young men through age 21
- HPV vaccines work extremely well – Clinical trials showed HPV vaccines provide close to 100% protection against cervical pre-cancers and genital warts

Ask your provider today how you can prevent your boys and girls from HPV in the future.

*Facts are from the CDC and American Cancer society

La Esperanza Clinic (325) 658 – 5339 www.EsperanzaHealth.org
Our pediatric department is dedicated to ensuring your infants, children, and teens remain healthy all year long. Pediatric providers treat patients from age’s newborn to 18.

**Services Offered**

- Acute Illness Treatment
- Annual Health Exams
- Asthma Management
- Learning Difficulties—ADD & ADHD Behavioral Evaluations—Referrals Available
- Newborn Care
- Sport Physicals
- Texas Health Steps Wellness Exams
- Vaccines/Immunizations

**Pediatric Providers**

Monica Beisel, RN MSN, FNP-C

Celeste Caballero, MD

Caryn Krenek, MD
THE MORE THEY BURN
THE BETTER THEY LEARN

YOUR CHILD + 60+ MIN = REPORT CARD
AMOUNT OF ACTIVITY ( Basketball, Bicycle, Running )
VARIOUS ACTIVITIES
ACADEMIC ACHIEVEMENT

Did you know that kids who are physically active get better grades?

Research shows that students who earn mostly A's are almost twice as likely to get regular physical activity than students who receive mostly D's and F's.

Physical activity can help students focus, improve behavior and boost positive attitudes. Do what you can to help your child be physically active, be it running, biking or swimming. Any type of physical activity is good, and 60 minutes a day is best. Their grades will thank you!

FOR MORE INFORMATION, VISIT
MakingHealthEasier.org/BurnToLearn

SOURCES
CDC. Physical Inactivity and Unhealthy Dietary Behaviors and Academic Achievement.

CDC. The association between school based physical activity, including physical education, and academic performance. Atlanta, GA, U.S. DHHS; 2010.
Dental Health

Our clinic’s dental health department is dedicated to ensure a bright and healthy smile on all of our patients. Patients can be seen as early as 6 months of age.

Services Offered

- Cleanings
- Exams
- Extractions
- Fillings
- Other Preventive Services
- Referrals for Braces, Oral Surgery, Dentures, and Missing Tooth Replacements

Please Note:
A minimum fee is required during each dental visit. These fees may be higher than those for medical appointments due to x-rays needed before treatment.

Certain services are not covered under the Sliding Fee Scale Discount Program and must be paid in full unless another payment arrangement has been made.

Dental Health Providers

Robert Ruiz, DDS
Carly Dusek, Dental Hygienist

La Esperanza Clinic  (325) 658 – 5339
Behavioral Health

We offer counseling services for individuals who are current patients of La Esperanza Clinic. Behavioral health services are by referral only.

Services Offered

- Anxiety
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Behavioral Health Intake Assessment
- Behavioral Healthcare Coordination & Social Services
- Consultations
- Depression
- Medication Services and Psychotherapy
- Obsessive-Compulsive Disorder (OCD)
- Pain Issues
- Play Therapy Starting at Age 3
- Post-traumatic Stress Disorder (PTSD)
- Sleep Problems
- Weight Issues
- COMING SOON: Substance Abuse Counseling

Behavioral Health Providers

Donna Linton, MSN, PMHNP-BC

La Esperanza Clinic (325) 658 – 5339 www.EsperanzaHealth.org
La Esperanza Clinic currently partners with Angelo State University to offer patients access to high-quality physical therapy services. All Physical Therapy services are by referral only and are only available to current La Esperanza Clinic patients.

Your appointment will include

- Evaluation & Treatment
- Personalized Rehabilitation Programs
- Teaching & Practicing of Prescribed Rehab Program

Patients are now offered the opportunity to receive Physical Therapy services by licensed providers at our South Chadbourne Clinic.
Medical History

You may find it helpful to fill out this information at home, tear out this page, and bring it to your next appointment.

Current Medications

____________________________________________________
____________________________________________________
____________________________________________________

Please also remember to bring all of your medications to your appointment if possible.

Medical History:
I have been diagnosed with:______________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

My immediate family members have been diagnosed with (Please include relation):______________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
Emergency Contacts

Emergency Contact: ________________________________________________
Phone number: (____) ____ - _____ Relation:______________

Emergency Contact: ________________________________________________
Phone number: (____) ____ - _____ Relation:______________

Allergies

Please list all allergies, including those to medications.

Allergies: ______________________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Reminder: Please remember to bring your insurance card (or proof of income), a photo ID, current medications, and a payment method to your appointment. If you have not already set up a patient portal, you may also want to write down your email address to give to the receptionist.
Patient Notes

Some patients find it helpful to take notes during their appointments. For your convenience, we have included a spot here for you to do so. The edges of the pages are perforated in order to make it easy for you to file it in your records.

Date:_________ Provider Name:__________________________

Reason for appointment:________________________________

Advice:_________________________________________________________________

_______________________________________________________________________

Additional Notes:_________________________________________________________________

________________________________________________________________________

Follow up needed: Y/N  Follow up date: __________

Date:_________ Provider Name:__________________________

Reason for appointment:________________________________

Advice:_________________________________________________________________

_______________________________________________________________________

Additional Notes:_________________________________________________________________

________________________________________________________________________

Follow up needed: Y/N  Follow up date: __________
Patient Notes

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Reason for appointment:____________________________________

Advice:____________________________________________________

____________________________________________________

Additional Notes:____________________________________________

Follow up needed: Y / N  Follow up date: __________

Date:__________ Provider Name:___________________________

Reason for appointment:____________________________________

Advice:____________________________________________________

____________________________________________________

Additional Notes:____________________________________________

Follow up needed: Y / N  Follow up date: __________
Patient Notes

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Date:__________ Provider Name:__________________________

Reason for appointment:________________________________

Advice:________________________________________________
______________________________________________________
______________________________________________________

Additional Notes:_______________________________________
______________________________________________________

Follow up needed: Y / N   Follow up date: ___________

Date:__________ Provider Name:__________________________

Reason for appointment:________________________________

Advice:________________________________________________
______________________________________________________
______________________________________________________

Additional Notes:_______________________________________
______________________________________________________

Follow up needed: Y / N   Follow up date: ___________
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Date:__________ Provider Name:______________________

Reason for appointment:__________________________________________

Advice:________________________________________________________

_______________________________________________________________

_______________________________________________________________

Additional Notes:________________________________________________

Follow up needed: Y / N   Follow up date: ____________

Date:__________ Provider Name:______________________

Reason for appointment:__________________________________________

Advice:________________________________________________________

_______________________________________________________________

_______________________________________________________________

Additional Notes:________________________________________________

Follow up needed: Y / N   Follow up date: ____________
If this is your first visit to La Esperanza Clinic, please fill out this short survey based on your initial impressions.

1. How did you hear about us?
   - Facebook
   - Billboard
   - Newspaper
   - Commercial
   - Our Website
   - Outreach
   - From a friend
   - Referral
   - Other: ________

2. Do you have any concerns about your visit?

3. La Esperanza Clinic aspires to become your healthcare home and offers many different services. Please circle the services that you did not know we offered.
   - Primary Care
   - Dental Health
   - Physical Therapy
   - Behavioral Health
   - Women’s Health
   - Ultrasounds
   - Pediatrics
   - Nutrition Education
   - Lab work
   - Radiology

4. True or False
   - T / F I’ve heard good things about La Esperanza.
   - T / F I would consider making La Esperanza my Healthcare Home.
   - T / F I have attended an outreach event in the past.

Thank you for your feedback!
Encuesta de Su Primera Visita

Si eso es su primera visita a La Esperanza Clinic, complete eso encuesta breve basado en su impresión inicial, por favor.

1. ¿Cómo se enteró de nosotros?

Facebook    Cartelera    Periódico
Comercial    Sitio Web    Alcance Comunitario
Un Amigo    Referencia    Otra:__________________

2. ¿Tiene usted preocupaciones su visita?

3. La Esperanza Clinic gustaría ser su casa de salud y ofrece muchos servicios. Seleccione los servicios que no sabía ofrecemos.

Medicina Primaria    Salud Dental
Terapia Física    Salud Mental
Salud de la Mujer    Ultrasonidos
Pediatría    Educación En Nutrición
Servicios de Laboratorio    Servicio de Radiología

4. Cierto o Falso

C   /   F  He oído cosas buenas sobre La Esperanza.

C   /   F  Consideraría hacer La Esperanza mi casa de salud.

C   /   F  He asistido a un evento de extensión en el pasado.

¡Gracias por sus comentarios!

La Esperanza Clinic    (325) 658 – 5339  
Find us on facebook
Confidential Patient Survey

Name of Provider: ____________________________________________________________

What do you like best or least about our center? ________________________________

Suggestions: __________________________________________________________________

Please circle how well you think we are doing in the following areas

<table>
<thead>
<tr>
<th>1: Poor</th>
<th>2: Fair</th>
<th>3: Okay</th>
<th>4: Good</th>
<th>5: Great</th>
</tr>
</thead>
</table>

**Ease of Getting Care**

<table>
<thead>
<tr>
<th>Ability to get in to be seen</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt return on calls</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Waiting**

<table>
<thead>
<tr>
<th>Time in waiting room</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in exam room</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Providers**

Includes: Providers, Provider Assistants, Nurse Practitioners, Dentists, Hygienists, Sonographers, and Behavioral Health

<table>
<thead>
<tr>
<th>Listens to you</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes enough time with you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Explains what you want to know</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Nurses, Medical, and Dental Assistants**

<table>
<thead>
<tr>
<th>Friendly and helpful to you</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answers your questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Other Staff**

Includes: Receptionists, Outreach, and Patient Educators

<table>
<thead>
<tr>
<th>Friendly and helpful to you</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answers your questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Facility**

<table>
<thead>
<tr>
<th>Neat and clean building</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
Encuesta Confidencial del Paciente

Nombre del Proveedor Médico ________________________________
¿Qué es lo que le más le gusta del centro o lo que menos le gusta de nuestro Centro? ________________________________
¿Tiene sugerencias para mejorar? ________________________________

Por favor califique la calidad de nuestros servicios en las siguientes áreas y circule el número de acuerdo a cada servicio
1: Muy Pobre  2: Pobre   3: Regular  4: Bueno  5: Muy Bueno

Prontitud con la que recibe servicios
Habilidad para obtener una cita 1 2 3 4 5
Rapidez en contestarle por teléfono 1 2 3 4 5

El Consultorio
Tiempo en la sala de espera 1 2 3 4 5
Tiempo en el cuarto de examen 1 2 3 4 5

Proveedores
Proveedor Médico, Asistente Médico, Enfermera Practicante, Dentista, Higienista, Sonógrafo y Salud Mental
Lo escuchan 1 2 3 4 5
Se toman suficiente tiempo con usted 1 2 3 4 5
Le explican lo que usted quiere saber 1 2 3 4 5

Enfermeras, Médicos y Asistente Dental
Son amistosos y amables cuando le ayudan 1 2 3 4 5
Le contestan sus preguntas 1 2 3 4 5

Demás Empleados
Incluye: Recepcionista, Empleados de Alcance Comunitario y Educadores para Pacientes
Amables y dispuestos en ayudarle 1 2 3 4 5
Le contestan sus preguntas 1 2 3 4 5

Facilidades
El consultorio está en orden y limpio. 1 2 3 4 5
Optional Survey

La Esperanza Clinic would like to keep you updated on our services and relevant health information. Please fill out the survey below to let us know how you would prefer to receive that information.*

Please rank the following platforms based on how you would prefer to receive important updates from La Esperanza Clinic.

1= Most Preferred, 7= Least Preferred

_____ Facebook
_____ Mail
_____ E-mail Newsletter
_____ Billboard
_____ Local Newspaper
_____ Local T.V. Station
_____ Our Website
_____ Outreach
_____ Other:____________________________________

*by filling out this survey, you are not requesting to be put on an email or a mailing list
Encuesta Opcional

La Esperanza Clinic gustaría mantener usted bien informado sobre nuestros servicios e información de salud. Complete esta encuesta a avísenos cómo le gustaría recibir esa información.*

Clasificar las siguientes opciones basándose en cómo preferiría a recibir información importante de La Esperanza Clinic, por favor.

1 = Más Preferido, 7 = Menos Preferido

_____ Facebook
_____ Correo
_____ Correo electrónico
_____ Cartelera
_____ Periódico local
_____ Estación de televisión local
_____ Nuestro sitio web
_____ Eventos de Alcance Comunitarios
_____ Otra:____________________________________

* Por completando esta encuesta, no está solicitando ser puesto en una lista de correo o correo electrónico.
Frequently Asked Questions

Q: English is not my primary language, do you have translators?
A: Yes! We offer a translation service.

Q: Do you accept walk-ins?
A: On Saturdays, the South Chadbourne Clinic accepts walk-ins from 9am to 1pm. For visits during the week, please call ahead to schedule an appointment.

Q: I do not have health insurance; can I still come to your clinics?
A: Of course! We offer a Sliding Fee Scale Discount Program for those who are uninsured based off of your current income.

Q: I paid at my appointment, why did I receive a bill?
A: We collect a minimum payment at the visit, but that is not your total. Depending on what your appointment entails, additional costs may be added.

Q: I received a bill but I cannot afford to pay it right away, do you have any payment plans?
A: If you have trouble paying your complete bill, please call our office to discuss a payment arrangement.

Q: What payment methods do you accept?
A: We accept VISA/MasterCard, cash, and checks.
La Esperanza Clinic, Inc.

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Info@EsperanzaHealth.org
Find us on Facebook!