## **Public Notice**

Galveston County Indigent Health Care Program

Coastal Health and Wellness Center 9850- C Emmett F. Lowry Expwy

Texas City, Texas 77591 409-938-2234 Or 281-309-0255

Coastal Health and Wellness Center 4700 Broadway, Suite F # 100

Galveston, Texas 77550

409-763-7200

application, documentation,

• Physician's Service- Primary Care Providers (Coastal Health & Wellness at 100% of Federal Poverty Level, above 100% up to 200% Federal Poverty Level at

Prescriptions at Walgreens with co-payment

Texas Department of State Health Services

- Resources - Household Composition

• Inpatient/Outpatient Hospital Care

Eligibility,

Services:

Eligibility Requirements:

Discounted Rate)

 Laboratory X-rays Services Immunizations

Family Planning Services

Information Needed to Apply:

· Proof of identification

· Proof of residency

You have the right to:

of application

political belief

Health Services

**ELIGIBLE FOR ASSISTANCE.** 

preparing forms

8:00 am -5:00pm Monday-Friday- Clinic Hours 10:00am-5:00pm Saturday- (Walk-Ins Only)

procedures in accordance with Texas Department of State Health Services standards and published in the County Indigent Health Care Program Handbook published by the

100% Federal Poverty Level - County Resident - Income

All Services Must Be Medically Necessary

• Social security numbers for all members of the household

Proof of resources (checking/saving account statements)

All Changes must be reported within 14 days

• Eligibility determined within 14-days after completion

· Equal treatment regardless of race, color, religion, creed, national origin, age, sex, disability, or

· These rules are subject to change with revision of the County Indigent Health Care Program Handbook published by the Texas Department of State

YOU MAY NOT BE ELIGIBLE IF YOU TRANSFER OWNERSHIP OF PROPERTY TO MAKE YOURSELF

• Proof of ALL household income- (w-9, check stubs, unemployment vouchers, unearned income)

Obtain an application - Have assistance in

· Written notification of determination Appeal a denial of acceptance Submit an application anytime

and

verification

**TRANSFER**