



Wagner Community
Memorial Hospital
Avera 

513 3rd St. SW, PO Box 280, Wagner, SD 57380
605-384-3611 * fax 605-384-3232

**PATIENT RIGHTS
AND
RESPONSIBILITIES**



You Have The Right

To have impartial access to those medical resources of the hospital indicated for your care without regard to race, color, creed, age, national origin, sex, handicap, or ability to pay.

To expect your personal privacy to be respected to the fullest extent consistent with the care prescribed for you.

To expect all communications and other records pertaining to your care, including the source of payment for treatment, to be kept confidential, unless you have directed otherwise.

To determine who may visit you.

To expect reasonable safety insofar as the hospital practices and environment are concerned.

To know by name the physician nurses and staff members responsible for your care.

To discuss with your primary physician your diagnosis, the treatment prescribed for you, the prognosis of your illness, and any instructions required for follow-up care.

To have appropriate assessment and management of pain. A concerned staff committed to pain prevention and management.

To have professionals who respond quickly to reports of pain and to have professionals who believe your reports of pain.

To have state-of-the-art pain management.

To know the reason you are given various tests and treatments.

To know the general nature and risk of any procedure for which you have given your consent.

To refuse to participate in medical training programs and research projects.

To change your mind about any procedure for which you have given your consent

To refuse to sign a consent form if you feel everything has not been explained to your satisfaction.

To refuse treatment and to be informed by your physician of the medical consequences of this action.

To request a consultation or second opinion from another physician.

To change physicians.

To change hospitals.

To examine your hospital bill and to receive an explanation of it.



You Have The Right (cont)

To be informed of your health status. To be involved in care planning and treatment.

To request or refuse treatment. To formulate advance directives.

To have practitioners and staff provide care that is consistent with your advance directives.

To have a family member or representative and your own physician, notified promptly upon your admission to the hospital.

You Have The Responsibility

To know and to follow rules and regulations.

To give cooperation and to follow the care prescribed or recommended for you by your physician, nurses, or allied health personnel.

To provide your caretakers with accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.

To ask your doctor or nurse what to expect regarding pain and pain management.

To discuss pain relief options with your doctor and nurse.

To work with your care givers to develop a pain management plan.

To ask for pain relief when pain first begins.

To help your caregivers assess your pain. To tell your caregivers if your pain is not relieved.

To tell your caregivers about any concerns you have about taking pain medication.

To tell your caregivers about any concerns you have about taking pain medication.

To accept the consequences for your actions if you refuse treatment or do not follow the instructions of your caregivers.

To notify your physician or nurse if you do not understand your diagnosis, treatment or prognosis.

To let your nurse and your family know if you feel you are receiving too many visitors.

To respect the privacy of your roommate.

To accept the financial obligations associated with your care and to fulfill them as promptly as possible.

To advise your nurse, physician, or any staff member of any dissatisfaction you may have in regard to your care at the hospital.



GRIEVANCE or CONCERN

Although Wagner Community Memorial Hospital – Avera makes every effort to provide our services in the best possible manner, there may be an occasional problem. Each patient/consumer is encouraged and assisted to exercise their right as a patient/consumer. A patient/consumer or family member may voice grievances in how our program provides their services and care.

- It is the responsibility of the patient/consumer or family member to promptly share a grievance/concern with any staff member.
- It is the responsibility of the staff member to resolve the complaint immediately if able. If unable to do so, the staff member will contact their supervisor for assistance in timely resolution.
- If the complaint requires further investigation for resolution, an initial response will be made within three working days.
- Resolution of the complaint will be completed within 14 days.

Again, if you have a question or feel a situation is unresolved and are unsure where to turn, please call our business office at 605-384-3611, where your question will be answered, or directed to the appropriate party. You may also contact Hospital Administrator, Wagner Community Memorial Hospital – Avera, 513 3rd St. SW, Wagner, SD 57380.

If there should be a situation that you do not feel can be resolved directly, you may contact:

South Dakota Department of Health, Health Building
600 E Capitol, Pierre, SD 57501
(605)-773-3356

Information About Your Hospital Stay

Visiting Hours are from 2:00 – 4:00 p.m. and 7:00 – 8:30 p.m.

Two visitors per patient are permitted at one time.

Visitors may not sit on beds or place objects on a non-occupied bed.

Telephone Dialing Instructions

For local calls – dial “9” wait for dial tone, then dial the local number.

You may dial 1-800 numbers from you room. Dial “9”, then the rest of the number.

The numbers that can be used are:

1-800-

1-866-

1-877-

1-888-

For collect calls dial 1-800-265-5328

For operator assistance dial 1-800-225-5288

Visitor Trays

Requests for guest trays should be given by 10:00 a.m. for the noon meal and by 4:00 p.m. for the evening meal.

There is a limit of 2 guest trays per patient per meal.

Guest tray costs are: \$3.50 for Breakfast

\$4.00 for Lunch

\$4.00 for Dinner

Please pay the Dietary department unless other arrangements have been made.

PATIENT'S GUIDE TO SAFETY

How to Prevent Falls

Everyone tries to be careful to avoid falls, but when you are sick or injured you may be more prone to accidental injury from falls.

Because of the increased risk of falling when you are sick, Avera Sacred Heart Hospital has developed a program designed to reduce the risk of injury while you or your loved one is here.

Our efforts can be successful only if our patients and their support system, if available, become our partners in this fall prevention program.

Special Precautions

When you or your loved one was admitted to the hospital, a nurse asked some questions to help determine if there were steps that would be helpful to prevent falls. If these questions indicate a high risk for falls, a plan to prevent falls was developed for you or your loved one. A red sign was placed on the door to alert all staff to your safety needs. Staff will be stopping in and checking you or your loved one periodically throughout the day and night as to any need you may have. This might be a drink of water or to go to the bathroom.

How to Promote Your Own Safety

- Use your call light to ask for assistance before you get out of bed if you feel weak, dizzy or unsteady.
- Wear shoes or slippers with non-skid soles.
- Place your personal items, such as the phone, water glass and eyeglasses, within easy reach of your bed.
- Notify the nurses if there is a spill on the floor.
- Ask your visitors to help you with the items listed above.

Use of Side Rails

In the past, hospitals have been able to place the four (4) side rails in the up position as a means of providing patient safety. For many years, side rails have been viewed as a restraint in Nursing Homes by the Centers for Medicare and Medicaid Services (CMS formerly known as HCFA).

CMS now views the use of side rails in hospitals as a protective restraint too. The reason for this is that there are documented cases of worse injury from falls (including deaths) when patients have gone over the top of raised rails or have gotten trapped in the rails or between the rails and mattress.

Protective Restraints

Occasionally, a protective restraint may be necessary to prevent injury to you or your loved one. Safety devices such as vests, belts, wrist ties and side rails are used only when other alternatives have not been successful in maintaining patient's safety.

The following information is offered to help you understand the use of these devices:

- The healthcare staff determines that a restraint is necessary to ensure patient safety. Restraints are used under the supervision of these trained staff members.
- The staff may contact your family if need for restraint is indicated. They will be given the option to sit with you.
- A physician will be contacted regarding staff concerns and a written order for restraints will be obtained.
- The staff will frequently reevaluate your condition or that of your loved one and continued need for safety devices.
- The staff will routinely check to see that you or your loved one is comfortable and that his or her needs are met. If you have any questions about the use of protective devices, please do not hesitate to talk to the nursing staff.



Home Care Agencies
Patient Choice

HOME HEALTH AGENCIES

Sacred Heart Home Care
501 Summit
Yankton, SD 57078
605-668-8327

St. Benedict Home Health Agency
PO Box B, Glynn Drive
Parkston, SD 57366
605-928-3311

McKenna Home Care
1016 S. Cliff Ave
Sioux Falls, SD 57104
605-322-7777

Sanford Home Health
1100 S Euclid Ave
PO Box 5039
Sioux Falls, SD 57117-5039
605-333-1000
The Visiting Nurses Assoc locations
are in Sioux Falls, Vermillion, &
Chamberlain

Queen of Peace Health Services
525 N. Foster
Mitchell, SD 57301
605-995-2000
Includes branches in Mitchell, Platte,
Parkston, & Armour

St. Michael's Home Health
Tyndall, SD 57066
605-589-3341

HOSPICE PROGRAMS

Wagner Community Memorial Hospi-
tal Hospice
PO Box 280
Wagner, SD 57380
605-384-3611

Sacred Heart Hospice
501 summit
Yankton, SD 57078
605-668-8309
Includes Wagner, Tyndall & Viborg

McKenna Hospice
800 East 21st St.
Sioux Falls, SD 57117

Queen of Peace Health Services
525 N. Foster
Mitchell, SD 57301
605-995-2000
Includes branches in Mitchell, Platte,
Parkston, & Armour

St. Benedict Hospice
PO Box B, Glynn Drive
Parkston, SD 57366
605-928-3311

Sanford Hospice
2710 West 12th St.
Sioux Falls, SD 57104
Includes locations in Rock Rap-
ids, Ia., Vermillion, Freeman,
Sioux Falls, Winner, Chamber-
lain, Viborg, Canby, Madison,
Windom, & Worthington

HOME MEDICAL SERVICES

Avera Home Medical Equipment
Main Office - Sioux Falls, S.D.
712 S Cliff Avenue
(605) 322-1881

Avera Home Medical Equipment
Parkston, S.D.
102 W Main Street (605) 928-7133

Yankton, S.D.
1001 W 9th
(605) 665-1508

Sanford Home Medical Equip-
ment
1201 S Euclid Ave Ste 103,
Sioux Falls, SD 57105-0432
(605) 328-2617

Mitchell, S.D.
1307 N Main
(605) 996-1394

Breathe EZ Respiratory
310 West Highway 46,
Wagner, SD 57380
(605) 384-4584



BILLING QUESTIONS AND INFORMATION

Medical bills and how they get paid can be very confusing. We have tried to answer some more commonly asked questions. However, each situation has the potential to be different based on the circumstances involved. Please do not hesitate to contact your insurer or one of our business office professionals.

1. What information do I need to provide?

Our staff has already begun working on your behalf even before you arrived at the hospital. We have several professionals dedicated to making sure your medical bills are handled quickly and professionally. The people you speak with upon admission/registration gather information required to submit your claims accurately and completely, including some information in certain circumstances to comply with federal and state regulations to help ensure appropriate parties are notified should there be a determination that there is a third party or liability that should be responsible. If you have insurance cards you should bring them with you each time you visit the facility. In general, you need to provide the latest information regarding your address, phone number and insurance information.

2. Will I receive an itemization of my hospital charges?

We have found that most of our customers do not want to receive a detailed, itemized bill. Since the detailed itemization can be expensive to produce and mail, we would send you an itemized statement only on request.

3. What are Precertification/Preauthorization requirements?

Depending on your plan, your insurance company may have requirements for you to contact them before you receive services from a hospital. In some instances you may need to contact your insurance provider up to a week ahead of planned hospital services. If you do not follow your insurance plan's precertification/preauthorization requirements, they may not pay your hospital bill, leaving you with an unexpected bill to pay.

4. What if I can't pay my portion of the bill in full?

The business office staff will work with you on a payment plan that will work for your situation. We offer many alternatives to assist you in payment including, MasterCard/Visa acceptance, ability to pay by direct bank deduction, and payroll deduction for employee's. We are more than happy to work with everyone in establishing repayment arrangements, however we can not help without hearing from you. Should you have extenuating circumstances and need special assistance please let us know so that we can help find a solution for you.

5. I do not have insurance or money to pay my bill, what will happen to me?

We have many options for you. You may qualify for one of several government programs that will pay for your services. We will help you by understanding your situation and getting the ball rolling for these types of assistance. If there are no programs available for which you qualify, Wagner Community Memorial Hospital – Avera has a financial assistance program that may be able to help you address your bill.

6. If I have another question that was not addressed on this sheet, how can I get my question answered?

Please call us. We want to help you with any questions you may have. You may reach us Monday through Friday at the following number: 605-384-3611. Special weekend or evening appointments may also be made if the situation can not be handled over the telephone.



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.

If you have any questions, please contact our Privacy Office at the address or phone number at the bottom of this notice.

Who will follow this notice?

Wagner Community Memorial Hospital/Avera provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any credentialed health care professional who treats you at any of our locations and is a member of our medical staff.
- All departments and units of our organization, including Wagner Community Clinic
- All employed associates, staff or volunteers of our organization.
- Any business associate or partner with whom we share health information

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods.)

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose medical information

when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fundraising efforts. If admitted as a patient, unless you tell us otherwise, we will list in the patient directory your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, and even if they do not ask for you by name. We may disclose medical information about you to a friend or family member who is involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you.

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

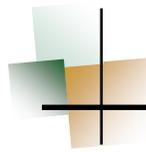
If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

If this notice was sent to you electronically, you have the right to a paper copy of this notice. You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.



Complaints

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). You may also contact our Corporate Compliance Officer at 605-384-3611 ext 23 or the Avera Health Help Line at 1-888-881-8395.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Officer, PO Box 280, Wagner Community Memorial Hospital AVERA, Wagner, SD 57380
605-384-3611 Fax: 605-384-3232

24 HOUR EMERGENCY SERVICES

All patients will have a medical screening exam performed by a physician, physician's assistant, nurse practitioner, or registered nurse in the Emergency Department to rule out an emergency medical condition (EMC). If a nurse performs the medical screening exam, phone consultation and approval from the physician on call will be required before excluding an EMC.

An emergency medical condition (EMC) exists if an individual has "acute symptoms of sufficient severity (including severe pain) such that absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious impairment to bodily functions, or serious dysfunction of any bodily organ or part." A pregnant woman who is having contractions has an EMC if "there is inadequate time to effect a safe transfer to another hospital before delivery, or if the transfer may pose a threat to the health or safety of the woman or the unborn child.

If an emergency medical condition (EMC) exists, the patient will receive immediate treatment.

If no EMC exists the patient will be informed and given the option of either receiving treatment in the Emergency Department and accepting responsibility for the charges if their plan does not pay, or being seen at the clinic at the next available time.

If the patient is a minor, not accompanied by the parent or legal guardian, the medical screening exam will be done prior to contacting the parent or legal guardian. If it reveals no EMC then further evaluation and treatment will not proceed until the parent or legal guardian has been contacted. If an EMC exists, the evaluation and treatment will continue, while still attempting to contact the parent or legal guardian.

If a private physician sends a patient to the hospital and phones or sends orders with the patient for a treatment or procedure to be performed by the nurse in the Emergency Department, a medical screening exam must be provided.

Patient Name:
Patient ID Number:
Physician:

DEPARTMENT OF HEALTH AND HUMAN SERVICE
CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB Approval No. 0938-0692

IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

AS A HOSPITAL INPATIENT YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor.
- You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization listed here: **South Dakota Foundation for Medical Care, 2600 W 49th St., Suite 300, PO Box 7406, Sioux Falls, SD 57117-7406. Telephone 605-336-3505.**

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: during your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you or your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital. If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal follow.
- To speak with someone at the hospital about this notice, call: **Wagner Community Memorial Hospital Administrator, 605-384-3611.**

STEPS TO APPEAL YOUR DISCHARGE

- **Step 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charged like copays and deductibles). Here is the contact information for the QIO:

**South Dakota Foundation for Medical Care, 2600 W 49th St., Suite 300, PO Box 7406, Sioux Falls, SD 57117-7406.
Telephone 605-336-3505.**

You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.** Ask the hospital if you need help contacting the QIO. The name of this hospital is: **Wagner Community Memorial Hospital, 513 3rd St. SW., PO Box 280, Wagner, SD 57380. Telephone 605-384-3611. Provider # _____.**

- **Step 2:** You will receive a detailed notice from the hospital of your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4:** The QIO will review your medical records and other important information about your case.
- **Step 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information. If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services. If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case: If you have Original Medicare: Call the QIO listed above. If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any service you receive after your planned discharge date. For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

WAGNER COMMUNITY MEMORIAL HOSPITAL - AVERA
SERVICES OF THE MEDICAL STAFF

INTERNAL MEDICINE

Bubak Medical Clinic
Gary A. Bubak, MD
Phone 605-384-5457
Office Hours: Mon. thru Fri.
8:30 a.m. to 5:00 p.m.

FAMILY PRACTICE

Wagner Community Clinic
Abdul Sami Qazi, MD
Lindsey Barthel, NP
Jeffrey Pinter, MD
For an Appointment
Phone 605-384-3418
Office Hours: Mon. thru Fri.
8:00 a.m. – 5:00 p.m.

OUTREACH SPECIALTY PHYSICIANS

GENERAL SURGERY

Michael D. Haley, MD
Jerome K Howe, MD
Dennis Leland, MD
Clint Seifert, MD
Aaron Baas, MD

Monday at Bubak Medical Clinic.
For more information or to make
an appointment call 605-384-5457

Luke Serck, MD

Thursdays at Bubak Medical Clinic.
For more information or to make an appointment call 605-
384-5457.

CARDIOLOGY

Will Hurley, MD

Available by appointment the last Thursday of the month @
WCC. For appointments call
605-665-1082

ORTHOPEDIC SURGERY

Daniel C. Johnson, MD
Available by appointment or referral.
1st and 3rd Thursday at
Wagner Community Clinic.
To make an appointment
call 605-668-8780.

Brent Adams, MD.

Available by appointment or referral.
Wagner Community Clinic
To make an appointment
Call 605-384-3418

PODIATRY

Terrence Pedersen, DPM

Will See Patients at
Wagner Community Clinic
On 2nd & 4th Wednesday
To make an appointment call
605-668-8601

NEPHROLOGY

Byron S. Nielsen, MD

OBSTETRICS/GYNECOLOGY

Kevin Bray, MD

Thursdays at Bubak Medical Clinic
To make an appointment
call 605-384-5457

PEDIATRICS

David W. Withrow, MD

Available by appointment every 4th Wednesday
at Bubak Medical Clinic.
To make an appointment call 605-384-5457

EAR NOSE & THROAT

UROLOGY

**Wagner Community
Memorial Hospital**
Avera 

**Urgent Care Hours: @ Wagner Community
Clinic: Monday—Friday 9:00 am—5:00 pm**

513 3rd St. SW, PO Box 280, Wagner, SD 57380
605-384-3611 * fax 605-384-3232

You may receive a survey by phone.. Please respond to the questions being asked. It will help
us develop our staff and services to your satisfaction.