

BOARD MEMBER CONGREGATIONS

Bethel Life

Calvary United Methodist

Central Community Church

Christ Community Church

Christian Assembly

Crossroads Christian Fellowship

First Baptist Church

First Baptist Church, Transfer

First Church of God

First Presbyterian Church

First United Methodist Church

Fredonia Presbyterian Church

Greenville Alliance Church

Hillside Presbyterian Church

Holy Trinity Lutheran Church

Lakeside Evangelical Congregation

Church

Life Way Church of the Nazarene

New Beginnings Christian Church

Old Salem United Methodist Church

St Clement's Episcopal

St John's Lutheran Church

St Mark's United Church of Christ

St Michael's Catholic Church

Zion's Reformed

United Church of Christ

Zion's United Church of Christ

Transfer

CONTACT INFORMATION

❖ 144-146 Main St
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❖ FAX Number
(724)588-9150

❖ E-Mail Address
tgscinc@yahoo.com

❖ Mary Ann Reeher, RN
Executive Director

❖ Marj Stubert
Administrative Assistant

❖ Rev David Dobi,
President of the Board



THE GOOD SHEPHERD CENTER



FREE MEDICAL CLINIC

TUESDAYS
5:15 PM REGISTRATION
Enter through the
rear entrance

SERVICES PROVIDED ON-SITE

- Acute illness treatment
- Limited chronic care
- Pre-school physicals
- Employment physicals
- Minor trauma care, sprains,
And bruises
- Limited prescriptions
- Patient teaching, counseling
and various chronic conditions
- VARIOUS SERVICES ARE
NOT PROVIDED (listed at clinic)

PROFESSIONAL VOLUNTEER STAFF

Dr Joel Nystrom, Medical Director

Marie Millero, RN Supervisor

Morris Green, Clinic Co-ordinator

SERVICES PROVIDED AT ENLISTED HOSPITALS UNDER CHARITY CARE PROGRAM

WHEN INDICATED...

- Special X-Rays
- Lab Testing
- Tetnus Shots
- Strep Exam



*We thank our Lord and Savior Jesus Christ
for this Free Medical Clinic ministry, and for
the vision, gifts, and support to make it all
happen.*

GUIDELINES FOR FREE MEDICAL CLINIC

- Available for persons in the
Greenville, Transfer, Hadley,
Fredonia & Jamestown areas.
- Have no medical assistance or
insurance available
- A denial statement from
Public/Medical Assistance
- Fall within specific income
guidelines
- Proof of income source

GUIDELINES FOR HOSPITAL SERVICES

- Application for Charity Care
form
- A denial statement from
Public/Medical Assistance
- Proof of income source or denial
statement from Public
Assistance