

UPPER ARLINGTON PEDIATRICS

An Affiliate of Nationwide Children's Hospital

Financial and Patient Responsibility Policy

Patient Authorization: I authorize the practice to provide any medical care deemed necessary according to their professional opinion. I authorize my insurance benefits to be paid directly to the practice. If my insurance company rejects or allows only part of the claim for services, I shall be responsible for payment of the balance due and will pay the balance within thirty (30) days.

My signature on this form verifies that I have been given the opportunity to read the practice's Financial and Patient Responsibility Policy, and that I understand and agreed to the practice's policy.

Name of Patient

Date of Birth

Signature of Patient or Responsible Party **Date**

HIPAA – I was offered a copy of the Practice Notice of Privacy Practices.

Signature

Date

No Show/Cancellation Policy – I understand and agree to pay the \$35.00 missed appointment fee for any appointment that is not cancelled at least two (2) hours in advance for same day appointments and twenty-four (24) hours in advance for all other appointments. If my insurance company does not allow a no show fee, then I understand that my child(ren) may be released from this practice.

No Show/Cancellation– I was offered a copy of the No Show/Cancellation Policy.

Signature

Date

Form Policy – I understand and agree to pay the forms fee for all forms not brought to my child's physical (well child check) appointment. I will be told the charge in advance and the form must be paid for before it may be picked up.

Initials _____

Non-Emergent After Hours Call – I understand and agree all non-emergent calls should wait until the office opens or may be left on the general message line.

Initials _____

Prescription Refill – I understand requests for prescription refills must be requested by the parent or patient (if over 18 years of age) and it will take 48 business hours to have the refill completed.

Initials _____

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Missed Patient Appointments – Our office will do its best to make reminder calls twenty-four (24) to seventy-two (72) hours prior to your scheduled appointment. If you are unable to make your scheduled appointment, you must call and cancel that appointment at least twenty-four (24) hours in advance of your appointment time for well checks and meds checks or two (2) hours prior to the appointment time for same day sick appointments. If your appointment is on Monday, you may leave a message. If appropriate notification is not given, or you do not show up for your appointment, you may be charged \$35.00.

Forms – Forms for physical exams for daycare, simple school forms, work permits, etc. will be filled out and signed without a charge if they are presented at the time of that patient's physical exam. If they are presented at a later date, there may be a \$25 charge. FMLA forms, insurance company forms, etc. will be charged whenever they are presented. Please allow up to five (5) working days for these forms. You will be notified when they are ready for pick-up.

Prescription refills – For prescription refills allow forty-eight (48) business hours (i.e. not Saturday, Sunday or holidays). Parents/patients are required to request the refill personally, we will not approve a refill that is called in or faxed in from the pharmacy.

Incorrect Insurance Information – Our receptionist will be asking you to verify your insurance information and present your insurance card each time you come to our office. We will verify the information we have for the child that is being seen that day, other children will be updated as they come in. Make sure you know the date your insurance is in effect.

Non-emergent after hour calls – Our physicians provide after hour coverage for emergent sick calls – in other words, calls that cannot wait until the office reopens. Please keep your calls to our physicians for that purpose and make sure you leave one (1) phone number where you can be reached – the physicians will not make multiple return phone calls. Also, be sure to turn privacy block off, and accept the physician's restricted call so the physician's call will get through.

When in doubt, call. This is not meant to stop urgent calls, it is meant to stop overuse of unnecessary after hours calls that could appropriately be handled during regular office hours.

Patient: _____ Date of birth: _____