

2017 Update

Zanesville Pediatrics

Office Policies

Hours 8:30-5:00 M-Th 8:30-4:00 Friday

Payment	Payments for services are due at the time service is rendered.
Insurance	Zanesville Pediatrics will bill my insurance for services rendered. Insurance copayments are due prior to the appointment and deductible and co-insurances are due at the time that I receive the first bill. After 90 days of no response for payments, accounts will go to collections and I could be discharged from the practice. We encourage you to contact your insurance company to clarify your coverage.
Self-pay	Payment in full is expected at the time of service.
Demographics	It is my responsibility to make sure that the office has my most up to date information (phone number, address, insurance information. If I do not have an update insurance card, I have the option of paying in full at the time of service or rescheduling when I do have it. *Please have insurance cards ready at every visit.
Non-Covered services	Any service deemed non-covered by my insurance carrier or denied (for any reason) will be my responsibility for payment in full. It is also my responsibility to know what is covered and what requires a prior authorization.
Annual Wellness Physicals	I understand that I am required to come in yearly for a well exam. A problem visit, ill visit or follow up can't be included in the well visit. They must be scheduled separately and be billed accordingly. I understand that failure to get a well exam may result in termination from the practice.
Medicaid Well Child Visits	I understand that the contract with Ohio Medicaid and my provider, that I will be required to have well visits at 2,4,6,9,12,15 and 18 months and then every year thereafter.
Hospital & ER visits	I understand that any visit to the hospital or the ER requires a follow up visit to this office within 7 days. Failure to comply could result in dismissal from this practice.
ER Visits	I understand that I am expected to not abuse the ER for non-emergent problems and understanding that this could lead to dismissal from the practice.
Missed appointments	Zanesville Pediatrics requires a 24 hour advance notice to cancel appointments I understand that more than two no-show appointments in the office will require a \$25.00 payment prior to any future appointments being scheduled. If the practice of no-showing for appointments continues, I understand that I could be dismissed from the practice.
Refund Checks	Patient/Guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts \$20.00 and greater will be automatically refunded to the patient/guarantor when reviewed at the end of each quarter.
Medications	I understand that it is my responsibility to discuss my medications at the time of my appointment including changes, side effects and needed refills. Please bring medications to each appointment for review.
<u>Written Acknowledgement of Privacy Practices</u>	I acknowledge that I have received a copy of Zanesville Pediatrics' Notice of Privacy Practices, which explains ways in which my medical record information can be used or disclosed by the practice and also outlines my rights to access this information.
<u>Annual Patient Consent for Prescription and Pharmacy Transmission</u>	I consent to the use of my medical information necessary for transmission of prescriptions to the pharmacy and as needed for the coordination of formulary and/or benefits eligibility with my insurance provider. I consent to the query of my external prescription history as necessary to manage my healthcare and related services.
Please make sure that you take a copy of this to keep and read over	

IN ACCORDANCE WITH THE NOTICES OF PRIVACY PRACTICES, I AUTHORIZE THE USE AND DISCLOSURE OF ANY MEDICAL INFORMATION WITH A THIRD PARTY TO COORDINATE OR MANAGE MY HEALTHCARE OR ANY RELATED SERVICES.

Print Patient Name _____ Date _____

Signature of Person Completing this Form _____ Relationship _____