



Patient Rights and Responsibilities Statement

Our office hours are Monday through Friday 8am to 4:30pm

Contact number: 740-239-OHHS

Ohio Hills Health Services ensures that the following rights and responsibilities are preserved for all patients

Patient Rights:

1. Understand and make use of your rights.
2. If an interpreter is needed, the office will attempt to provide the assistance.
3. Respectful and equal treatment, care and accommodations are available regardless of race, creed, sex, sexual orientation or source of payment.
4. Privacy within the law.
5. Be assessed for pain.

Patient Responsibilities:

1. Smoking is NOT allowed on any OHHS property.
2. You must bring the appropriate insurance card with you to each appointment.
3. Due to the small size of the exam rooms and waiting rooms, please limit the number of people accompanying you for your appointment to no more than 2. If it is necessary to bring small children, please bring another adult to supervise them. **NO CHILDREN ARE TO BE UNATTENDED.**
4. Bring ALL of your medications, in the original packaging with you to EVERY appointment.
5. Provide OHHS providers with full medical disclosure.
6. It is the patient's responsibility to carry out the recommended treatment plan.
7. If your child is scheduled for a physical or immunizations, a current immunization record **MUST** be brought with you.
8. Allow at least 30 days for completion of insurance forms, disability, transfer of treatment, etc.
9. All calls (i.e. appointments, cancellations, refills, medical/dental records, etc.) should be called to the appropriate office phone number. Weekends, holidays, and after hours all calls will be transferred to our answering service. In case of an emergency when the office is closed, go to the emergency room.
10. Please contact our office by 4pm the business day prior to your appointment when canceling or rescheduling all appointments.
11. A patient who arrives more than 10 minutes late for an appointment will be considered a **NO SHOW** for the appointment, regardless of whether or not the patient is seen that day.



12. A patient who is a NO SHOW for 2 dental appointments or 3 medical appointments in a 12 month time frame may be terminated from the practice. Reinstatement will be determined by a letter sent from the patient to the provider, and the provider's final decision.
13. If you have not been seen by one of our providers in 3 years, you are considered a new patient.
14. If the results of testing, such as labs, x-rays, or diagnostic testing, etc., ordered by one of our providers is within normal limits, the clinical staff will NOT call you. This will be discussed at your next appointment.

Financial Policy Summary

Patients are responsible for providing all insurance cards and information at the time of appointment along with any copays that may be due. It is patient's responsibility to notify Ohio Hills Health Services of any changes to their insurance coverage. Ohio Hills Health Services will bill patient's insurance whether it is Medicare, Medicaid or other commercial insurance in a timely matter.

If you don't have insurance you may consult with one of our marketplace consultants. You may be eligible for one of the marketplace insurance or Medicaid depending on income. Not only will this provide insurance coverage for your appointments, but for other health care needs.

Patients are responsible for all copays, deductibles, or co-insurance that is due after insurance or any balance/service that may not be covered by insurance. Please refer to your insurance policy. Patients will be billed for any outstanding balance after insurance.

Patients may also be eligible under our slide (charity) program whether they have insurance or not. For those with insurance this will help with copay, deductibles, or co-insurances. This is based off the patient's income. All patients are asked for give income information. Since we are a Federal Qualified Health Center (FQHC), we are required to ask patients for their income information. This helps receive grants to help run our facility and provide services to our patients.

Patient statements are sent on a monthly basis for any outstanding balances. Payment is due within 30 days from statement date. If no payment is made after the third statement the claim will be turned over to internal collections. The Patient Accounts Counselor will attempt to contact the patient and/or send an initial letter asking patient to make a payment or set up a payment plan. If there is no response the patient will be notified that their claim will be sent to an external collection agency.



Process for Prescription Renewals

We request that you bring **all** of your prescriptions, in their original bottle, with you to each and every visit to the health center. That way our staff can review the prescription and education our patients if needed. We also will check for need of a medication renewal.

If you find that your prescription is due for a renewal prior to your next appointment, you are to call the pharmacy that you had the prescription filled at. The phone number is on your prescription bottle.

Every attempt will be made to process the request for medication renewal within **72 hours** of the request received within normal business hours. If your request is submitted after hours or on a weekend, or holiday, the date of the request is received is the next business day. Repeated calling to the health center or to the pharmacy will not speed up the process. Actually, it will **slow** the process down.

No Show Policy

Due to the high number of appointments made where people “no show” and understanding that keeping your appointments is essential to achieving your health goals, OHHS has the following guidelines.

1. You are counted as a No Show if:

- Do not show up at all
- You do not cancel by 4 pm the business day before your appointment
- You do not check in at the front desk by your appointment time

2. You may call our number (740-239-6447) and leave a message to cancel your appointment. You should do this before 4 p.m. the business day before your appointment.

3. If you miss a second appointment within the same 12 months (or cancel the same day of your appointment) will be documented as “NO SHOW, strike 2”, in your account.

4. Having three (3) No Shows within a twelve-month period, beginning from the date of the first No Show will prevent you from being able to schedule further appointments.

5. Consideration for reinstatement will be determined by a letter sent from the patient to the provider, and the provider’s final decision.

As a patient of Ohio Hills Health Services, I agree to the Patient Rights and Responsibilities as given to me.

_____ Date: _____
Patient name (Please print)

_____ Date: _____
Signature of Patient/Guardian/Parent