



1550 Sheridan Drive
 Suite 102
 Lancaster, Ohio 43130
 (740) 687-6386
 Fax (740) 687-1388

ROBIN L. RHODES MD, FAAP
 MICHELE M. HENSLEY MD, FAAP
 JEAN L. ROBERTSON MD, FAAP
 JENNIFER L. MILLER MD

Office and Financial Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our policies allows for a good flow of communication and enables us to achieve our goal. Please read each section carefully and initial. If you have any questions, please ask.

Appointments

- 1) We value the time we have set aside to see and treat your child. If you are not able to keep an appointment, please notify us so that we may offer the appointment slot to another patient.
- 2) If you are more than 15 minutes late for your appointment without notifying us, it may be necessary to reschedule or cancel the appointment. We will do our best to see you, but it may not always be possible.
- 3) We strive to minimize wait time; however, emergencies do occur and must take priority over a scheduled visit. Of course we would do the same for you in an emergency, and we appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company to learn whether the visit will be covered as a healthy (well-child) visit and if any scheduled immunizations will be covered. If immunizations are not covered, you may obtain them at your local health department for a reduced cost.

Initial: _____

Insurance Plans

- 1) It is your responsibility to keep us updated with all of your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment for the visit and for submission of the charges to the correct plan for reimbursement.**
- 2) As your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for our charges.
- 3) It is your responsibility to understand your benefit plan with regard to covered services and participating laboratories. Not all plans cover annual healthy (well) physicals, sports physicals, hearing and vision screenings, or other procedures. If these are not covered, you will be responsible for payment. For children younger than 2 years, your insurance may limit the number of covered well visits per year. If you exceed the number of visits, your insurance company will not pay and you will be responsible for payment.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure (such as MRI or CT scan), and what services are covered.

Initial: _____

Referrals

- 1) Advance notice is needed for all non-emergency referrals, typically 3 to 5 business days.
- 2) It is your responsibility to know if a selected specialist participates in your plan.
- 3) Remember, the physicians must approve referrals before they are issued and we must have a current insurance card on file.

Initial: _____

Forms

- 1) There is no charge for school, daycare, camp or sports forms we complete and/or copy at the time of your child's visit. However, we reserve the right to charge a \$5 fee for replacing or filling out additional forms that are not presented at the time of the visit. Please allow 3 days for completion of forms.

Initial: _____

(Over)

