

# Marysville Pediatrics, Inc.

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## PATIENT RESPONSIBILITY/FINANCIAL POLICY

Please read and initial each

### \_\_\_\_\_ Prescription Refills:

Please allow forty-eight (48) business hours for prescription refills. You can request these refills via the web portal or call into the nurse's line. The most effective way is to send via the portal.

### \_\_\_\_\_ Forms:

Forms needed for sports physicals, daycare, work permits etc. will be completed at the time of the physical exam at no charge. If brought in at a later date, the charge will be \$10.00. For FMLA paperwork and more complex forms such as Scout Forms, the charge will be \$25.00 at the time they are dropped off. Please allow seventy-two (72) business hours for the completion of these forms. We will notify you when they are completed.

### \_\_\_\_\_ Demographic Information:

You are required to keep all demographic information up to date. If you have an address or phone number change, please let us know.

### \_\_\_\_\_ Incorrect Insurance Information:

You will be asked what your current insurance is at the front desk at check in. Please make sure that we have the correct information. Present your insurance card at each visit. It is your responsibility to make sure we are given the correct information at each visit for each child.

### \_\_\_\_\_ Co-pays / Insurance Balances:

Your copay will be expected at each visit. If you do not have your copay, we will ask you to reschedule your child's appointment. You will be responsible for any amount that the insurance does not cover.

### \_\_\_\_\_ Collections:

Marysville Pediatrics has the right to turn any patient over to collections if it is deemed that the account has been in default of the payment obligations or compliance of this policy. A fee will be assessed to all accounts sent to a collection agency.

### \_\_\_\_\_ Refunds:

Refunds will be issued to the guarantor. If the guarantor has an outstanding balance on another account, a refund will not be issued and the credit will be transferred to the account with the outstanding balance.

### \_\_\_\_\_ Late Arrivals:

If you are over 10 minutes late to an appointment you may be required to reschedule that appointment.

### \_\_\_\_\_ Cancelled / Rescheduled Appointments:

Our office will place reminder calls out both six (6) days before and the day before scheduled appointments. If you are unable to make that scheduled appointment please call and cancel or reschedule that appointment at least twenty-four (24) business hours in advance of that appointment time. For an appointment scheduled on the same date of service, we request at least a one (1) hour notice to cancel or reschedule.

**No-Show Policy:**

The goal of Marysville Pediatrics is to provide quality care: Missing appointments can have a negative impact on the health of our patients and on the efficiency of our practice. This also denies the care to other patients who need to be seen by a provider. Therefore, please note the current policy and procedure for "No Shows" effective March 16<sup>th</sup>, 2020.

*What is a No Show?*

- A late arrival of 10 minutes or more and the patient is consequently unable to be seen.

*What happens if I have too many No Shows?*

- 1<sup>st</sup> offense – You will receive a phone call and a letter notifying you of the No Show.
- 2<sup>nd</sup> offense – You will receive a phone call and a letter notifying you of the 2<sup>nd</sup> No Show. At this time, families will be asked to call one (1) day or two (2) days before to schedule **any future appointments.**
- 3<sup>rd</sup> offense – Every member of the same family may be discharged from the practice at this time. Once dismissed, emergency medical treatment will be offered within the first thirty (30) days of termination. Once a provider has dismissed a family due to No Shows abuse, the decision will not be reversed.

Families that No Show for double header appointments (2 or more patients scheduled) may be rejected from scheduling double header appointments in the future.

Marysville Pediatrics will attempt to contact patients six (6) days prior and one (1) day prior to the scheduled appointments. Please remember that confirmation calls are a courtesy. It is the Parent/Patient's responsibility to keep up with your scheduled appointment date and time, and to notify the office in advance when there is a need to cancel or reschedule.

**ACKNOWLEDGEMENT OF RECEIPT**

Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I have received and read a copy of Marysville Pediatrics Patient Responsibility / Financial Policy.

\_\_\_\_\_  
Parent / Guardian / Patient Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian / Patient Printed Name