



Tuscarawas County Health Department Medical Office

Patient Policies and Procedures

Thank you for choosing the Tuscarawas County Health Department Medical Clinic. We realize you have a choice in medical providers and are pleased you have chosen to seek care with us. The staff at the Tuscarawas County Health Department strives to exceed your expectations in care and service. Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented several policies and procedures for our patients. Please feel free to contact our office if you have any questions regarding our policies.

OFFICE HOURS

Our office is available Monday 8am to 4pm, Tuesday 8am to 7pm, Wednesday 8am to 4pm, Thursday 8am to 6pm and may be reached by calling (330) 343-5555. We are closed on Fridays and federal holidays. If you need an appointment, prescription refill or test results, please call during regular business hours. If you experience a medical emergency at any time, we encourage you to visit your local emergency room or call 9-1-1.

CONSENT FOR TREATMENT

By signing the following Receipt Acknowledgement Form and Agreement of Financial Responsibility form, I am also voluntarily agreeing to receive assessment, evaluation, and treatment for my medical condition(s). I understand and agree that I will participate in my treatment plan, and that I may discontinue treatment and/or withdraw my consent for treatment at any time.

APPOINTMENTS

The Tuscarawas County Health Department is committed to providing quality care to our patients. To ensure timely care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, current mailing address, updated insurance information and chief complaint/reason for visit. We strive to schedule appointments appropriately; however, we kindly ask for your patience and understanding should unforeseen circumstances cause a delay or rescheduling become necessary.

We ask patients to arrive **10 minutes PRIOR to their appointment time** to complete the necessary check-in process. If a patient is **more than 5 minutes late** for their appointment time, the appointment may need to be rescheduled. This is to ensure that the patients who arrive on time do not have to wait longer than necessary. Patients may be given the option to wait for another appointment on the same day *if one is available*. If there is not an appointment available on the same day, patients will be asked to reschedule for a later date.

CANCELLATION OF APPOINTMENT

In order to be respectful of the medical needs of our patients please be courteous and call the Health Department Medical Clinic if you are unable to attend an appointment. This time will be reallocated to someone else in need.

NO SHOW POLICY

A “no show” is someone who misses an appointment without cancelling it one (1) business day in advance. No-shows inconvenience to those who need access to care. A failure to present at the time of a scheduled appointment will be recorded in your medical record as a “no show”. Continued “no shows” may result in future delays in appointment scheduling or a required meeting with your provider to re-evaluate your care plan.

INSURANCE

The Tuscarawas County Health Department bills most insurance plans. If you have specific questions regarding your insurance, please contact our billing department at (330) 343-5555 x1880. It is patient responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.

It is the patient's responsibility to know insurance benefits including covered services and any exclusions in your insurance policy. If applicable, you will be billed for services not covered by your insurance by our billing department.

Patients are responsible for co-pays at time of service, which will be collected prior to the visit.

PAYMENTS

The Tuscarawas County Health Department Medical Clinic accepts cash, personal check, MasterCard, Visa and Discover. Checks can be made out to the Tuscarawas County Health Department. Returned checks will be assessed as an additional fee. It is the policy of the Tuscarawas County Health Department to make all reasonable attempts to collect outstanding balances should they accrue. Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection.

SLIDING FEE SCALE

The Tuscarawas County Health Department offers a sliding fee scale discount for income eligible persons without insurance. Patients must complete the Sliding Fee Discount Application in its entirety and provide required income verification.

Eligibility: Incomes at or below 100% of the Federal Poverty Level will receive a 100% discount. Incomes above 100% of the Federal Poverty level but at or below 250% of the Federal Poverty Levels will be charged according to the fee schedule. Patients receiving a full discount will be assessed at \$20.00 nominal charge per medical clinic (RHC) visit.

An application can be obtained by visiting: www.tchdnow.org

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical records must be completed prior to receipt of these materials. Patients may be charged a copy fee. The law allows 30 days to complete requests for records. However, we will put forth every effort to respond to these requests in a timely manner.

PRESCRIPTION REFILLS

Please inform the Tuscarawas County Health Department Medical Clinic of which Pharmacy you use and update us if this should change. Please allow one to three business days to process refill requests. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed.



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Medical Office
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Receipt Acknowledgement Form and Agreement of Financial Responsibility

By signing below, you acknowledge that you have been given a copy of the Tuscarawas County Health Department’s Medical Clinic Policies and Procedures and further understand and agree to the financial policies outlined below:

- It is the responsibility of the patient to know your own insurance benefits including whether the Health Department is a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorizations requirements of your insurance company.
- We will attempt to confirm your insurance coverage prior to your appointment with us. It is your responsibility to provide current and accurate insurance information, including updates or changes in coverage. Should you fail to provide this information, you may be financially responsible.
- If we have a contract with your insurance company, we will bill your insurance company first less any co-payments and/or deductibles, and then bill you for any amount determined to be your responsibility.
- If we do not contract with your insurance company, you will be expected to pay for all services rendered.
- Your insurance card (if applicable) and photo ID are required for all patients and must be presented at each visit.
- Co-pays are due at the time of service.
- You understand that you should arrive **10 minutes PRIOR to your appointment time** to complete the necessary check-in process. If you are **more than 5 minutes late** for your appointment time, the appointment may need to be rescheduled.
- You authorize the Tuscarawas County Medical Clinic to release medical information concerning the service(s) performed as may be requested by third party payors in order to process payments for insurance claims.
- By signing the following Receipt Acknowledgement Form and Agreement of Financial Responsibility form, I am also voluntarily agreeing to receive assessment, evaluation, and treatment for my medical condition(s). I understand and agree that I will participate in my treatment plan, and that I may discontinue treatment and/or withdraw my consent for treatment at any time.

Patient Name (Printed)

Patient or Guardian Signature

Date