

AULTMAN ORRVILLE ENDOCRINOLOGY

Willard E. Smucker Wing
830 S. Main Street, Suite 101
Orrville, Ohio 44667
Ph: 330-682-0500 Fax: 330-682-0565

Welcome to our Practice!

We are pleased that you have chosen us for your healthcare needs. We are committed to providing you with the quality, comfortable, respectful care that you deserve. Below are our office and financial policies. Please review it, if you have any questions please feel free to ask us. Once you have reviewed our policies please sign in the space provided. You will be provided a copy upon your request.

Phones: Telephones are answered Monday –Thursday from 8am – 5pm and Friday from 8am-12p.
Phone: 330-682-0500

Referrals- Referrals to other physicians or diagnostic facilities can take up to 72 hours for our office to process. Often prior authorization is needed by insurance companies and it takes time to receive an authorization back.

Test Results-Should you have laboratory work or other diagnostic testing done through our office you will be notified of the results as soon as they are available. All results are reviewed by our physicians. You will then receive a call from the nurse explaining your results and the need for further treatment if indicated. ****If you do not hear from us after 1 week*** please call the office.

Record Release- It takes our office 10 working days to process record requests. Records will be released to any physician that you have been referred to as a courtesy for follow-up care. There is a charge for personal record release requests. The fee recommendations set forth by the American Medical Association are: \$ 2.74 for the first 10 pages, .57 cents for pages

(11-50).23 cents per page for pages number more than (50)With respect to data recorded on something other than paper, the new maximum charge is \$1.87 per page. If a request is made other than by the patient or patient's representative, total cost for all copies and all services related to those copies shall not exceed the following sum of the following:

An initial fee, which compensates for the record search \$ 16.84, \$ 1.11 per page for the first (10) pages, .57 cents for pages (11-50), and .23 cents for pages numbering more than (50). Records will be released with your authorization and maintaining compliance with Federal & State Laws.

Form Completion-Our office charges \$20.00 for the completion of forms for purposes other than billing submission, (i.e. Utility disconnects forms, disability forms, life insurance forms etc.)

Insurance and Payment Policy

Insurance Verification- We ask that you provide us a copy of your insurance card with each visit. If you fail to provide us with the correct insurance information at each visit, you may be responsible for payment of all services provided.

We are contracted with most insurance plans. If you are not insured by a plan that we are contracted with, or are not covered under "Yes You Can" or other hospital subsidized program; payment in full is expected at the time of service. Your health insurance contract is between you and your insurance company. Knowing your benefits is your responsibility. Any questions or complaints regarding your coverage should be directed to your insurance carrier.

Lab- If your insurance requires that you use a specific lab to process your specimens it is your responsibility to inform the nurse before you leave to ensure your specimen is processed accordingly.

Co-Payments- Your insurance requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit as required.

Non-Covered Services- Please be aware that some or all of the services you receive may be non-covered or not considered necessary by your insurer. You must pay for these services in full at the time of your visit. If you have a high deductible health plan and you have not met your deductible you are responsible for payment of elective procedures prior to services being rendered. If you need to make payment arrangements prior to your procedure you must speak with our Practice Administrator or Patient Accounts. 330-682-0500

Claims Submission- We submit your claims as a courtesy to you. We will assist you in any way reasonable to help get your claims paid. Your insurance company may request you supply certain information directly to them. It is your responsibility to comply with their request. Failure to reply could result in your claim being denied by your insurance and it will now be your responsibility for payment.

Account Balances- All accounts with a balance over 90 days may be referred to our collection agency for assistance with collecting payment for services that have been provided to you.

Appointments- If you are unable to keep your appointment it is necessary for you to call the office and cancel your appointment. We require that you call at least 24 hours in advance and calling early in the day is appreciated. Appointments are in high demand and your early cancellation will give another person the possibility to have access to timely medical care. Late cancellations and failure to cancel will be considered a "Missed Appointment". Your first missed appointment our staff will call to ensure you are ok and to reschedule. If you miss a second appointment our staff will call to ensure you are ok and reschedule. If you miss three appointments our staff will call to ensure you are all right and you will be sent a letter stating you have missed three appointments and you may be released from the practice and will not be given another opportunity to schedule another appointment with our practice.

How to cancel your appointment- Please call the office between the hours of 8am – 5pm Monday through Thursday and 8am – noon on Friday, 330-682-0500

Complaints- If you have a complaint or compliment about the care that you receive here please direct them to the Practice Management- Lisa Casteel. Please call 330-682-0500 or email lisa.casteel@aultmanorville.org.

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I acknowledge I have received the "Welcome Letter" and understand the policies of Aultman Orrville Endocrinology. I have had the opportunity to ask questions and have had them answered to my satisfaction. I have been given the opportunity to request a copy of the policies for my records.

Patient Name (Print)

Date

Custodian or Legal Guardian (If the patient is a Minor)

Date

Signature