PATIENT RESPONSIBILITIES

In order to provide the best health care and customer service to our patients, we recognize the following responsibilities that each patient should exhibit:

Provision of Information:

- A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his health.
- · A patient has the responsibility to report unexpected changes in his/her condition to the responsible practitioner.
- A patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

Compliance with Instructions:

- A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instruction the nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations.
- A patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the responsible practitioner or the hospital. 3 no show appointments within a 12 month period could result in patient being discharged from the practice for a minimum of one year from date of discharge.

Refusal of Treatment:

A patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions patient is subject to discharge.

Appointment Scheduling:

- · A patient is responsible for keeping their appointment time and arriving 15 minutes early to complete or update their address and/or insurance information at every visit.
- If a patient is more than 15 minutes late, the office will reschedule the appointment as a consideration to other patients who have appointments (provider will be consulted for all patients presenting with illness prior to being rescheduled).
- If you are unable to keep your appointment, please contact the office in advance to reschedule it.
- Any patient who does not show for their third appointment in a 12 month period MAY BE DISCHARGED from the practice for a minimum of one year from date of discharge. Patients will be sent a cautionary letter after their second no show informing them of their possible discharge.

Prescriptions:

- During your office visit your provider will write your prescriptions with enough refills to last until your next visit. All prescription refills require you to schedule an appointment to reduce the possibility of medication errors. This policy is meant to ensure the health and safety of our
- Follow-up appointments to monitor your progress on these medications are very important. To avoid any difficulties, be sure to call us well in advance of the time your refill is needed for an office visit. That way, we can provide the most suitable treatment for your healthcare needs.
- If you find yourself in need of a refill on your "Maintenance Medications" as defined as medication taken routinely for a chronic condition such as hypertension (high blood pressure), hyperlipidemia (high cholesterol) or diabetes, you may call the office to obtain a one time 30 day supply of medication. No refills can be given for controlled substances, antibiotics, pain medications or sleep aids without being seen by the provider. An appointment must be made prior to medication refill being given. If you fail to keep your appointment no further medications can be refilled until you see your provider. NO EXCEPTIONS.

- The following medications cannot be refilled without first being seen by a provider:
 - antibiotics
 - pain medications
 - controlled substances
 - medications containing controlled substances, i.e. cough syrups
 - sleep aids including amitriptyline
 - Phenergan
 - Compazine
 - muscle relaxers
 - Tramado1
 - Neurontin
 - Suboxone
 - Vivitro1
- This office does not prescribe narcotics for treatment of any long term or chronic conditions. This includes OxyContin, Vicoden, Percodan, Percocet, Methadone and Morphine. Patients with chronic pain will be referred to a pain management specialist.
- We refill prescriptions only during normal office hours.

Financial Matters:

- · A patient is responsible for assuring the financial obligations of his/her healthcare are fulfilled as promptly as possible:
- Providing accurate and timely information about their insurance coverage and personal demographic information
- Paying any required copayments and/or deductibles per their insurance policy at the time of visit.
- Paying any balances on a timely basis
- Insurance Co-Pay is due at time of visit. This is a requirement of the patient's insurance carrier and will be collected at each visit to the practice accordingly.
- · Patients MUST bring a current insurance card to each visit for verification of benefits. New patients failing to present insurance card at first appointment will result in patient being considered self pay until proof of insurance can be obtained by the office or the appointment will be rescheduled.
- Self-pay patients are subject to a minimum payment of \$75,00 at each visit.
- We will work with patients to establish payment plans if necessary. Please ask the front desk office staff for information.
- Patients requesting to pay for their office visit in full the day of the visit will be granted a 20% discount on services. This discount does not include fees for medication, durable medical equipment, or services such as lab or radiology procedures. Patient must pay in full at the time of the visit to qualify for the discount.

Respect and Consideration:

- A patient is responsible for being considerate of the rights of other patients and practice personnel and for assisting in the control of noise, smoking, and the number of family brought to each appointment. The patient is responsible for being respectful of the property of other persons, and that of the practice.
- Great Lakes Physicians and The Bellevue Hospital are committed to the safety of our patients and staff. Threatening or aggressive behavior will NOT be tolerated. Our staffs have the right to work without fearing for their safety. Assaults against staff could result in a felony conviction per Ohio Revised Code 2903.13 Assault

I agree to follow	these policies	anc	understand	that	failure	to	do	so	may	result	in m	v dismissal	from t	hic
practice:											*** ***	j distilissai	HOIII (I	1115

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Signature		Date	