

## HEALTH ONE, INC. PATIENT-PROVIDER PARTNERSHIP AGREEMENT

**Welcome** and thank you for choosing Health One. We are committed to providing all of your children with the best medical care possible. The only way we can meet this goal is if we work together. Your commitment to our patient-centered medical home practice will provide your child(ren) with very comprehensive collaborative care. We will work with the patient, family and other health care providers as a team to take care of your child(ren) to the best of our ability. This Agreement applies to all of your children who you enroll with Health One.

### **As your primary care provider, we will:**

- 1) Learn about your child(ren), your family, life situation, health goals and preferences.
- 2) Take care of any short-term illness, long-term chronic disease, and your child(ren)'s all-around well-being.
- 3) Keep your child(ren) up to date on all of their vaccines (or refer you to a facility where your vaccines can be administered at a cost that is beneficial to you) and preventative screening tests.
- 4) Connect you with other members of a care team (specialist, clinics, etc.) and help coordinate your child(ren)'s care with them as your child(ren)'s health needs change.
- 5) Notify you of test results in a timely manner.
- 6) Communicate clearly with you so you understand your child(ren)'s condition(s) and all of your options.
- 7) Listen to you and your child(ren)'s questions and feelings.
- 8) Help you make the best decision for your child(ren)'s care.
- 9) Keep treatments, discussions and records private.
- 10) Provide you with direct 24 hour access to you child(ren)'s records through our patient portal.
- 11) Provide direct provider communication through the patient portal.
- 12) Provide after hour contact for acute medical questions/concerns and same day appointments for ill children.
- 13) Make every effort to provide a reminder call to your primary contact phone number at least 24 hours prior to your child(ren)'s appointment. These are a courtesy call and it is ultimately your responsibility to come to your child(ren)'s appointment.
- 14) Make every effort possible to stay on schedule. Our providers are limited in the number of patients seen per day as not to overbook appointments daily. Do to the nature of illness and emergencies though schedule do get behind from time to time.

### **We trust you as the parent/guardian or patient to:**

- 1) Know that you are a full partner in your child(ren)'s care.
- 2) Understand generally that we are not an insurance company and do not determine benefits. We are not a bank or lending institution, and we are not judges, mediators or counselors in a separated or divorced situation.
- 3) When it comes to your child's care, sick or well, No one knows better than the parent and it is in the child's best interest for the parents to attend all appointments.
- 4) Provide a minimum of 24 hours' notice when you are not able to bring your child(ren) to a scheduled appointment.
- 5) Read and understand and agree to all office policies.
- 6) Have your child(ren) seen in our office for their infant/toddler well visits up to age 2 ½ and then for a well- child visit once each year from age 3 and up.
- 7) Show-up to each visit on time and know that if you are more than 10 minutes late for your scheduled appointment we will need to reschedule your child's visit. Multiple no shows could result in dismissal.
- 8) **In the case of a divorce**, both parents will communicate between each other and attend all visits. **Both parents agree to the terms of our shared parenting agreement.** At any time if the practice is put in the middle of a dispute or communication issues we will dismiss the family from the practice. The shared parenting agreement can be requested in person in the office or downloaded from our website. ([www.healthoneohio.com](http://www.healthoneohio.com))
- 9) Provide current demographic information (telephone number, address, e-mail, etc.) so that we may contact you as needed.
- 10) Provide current health care insurance information so that we may bill your insurance carrier in a timely manner. Most insurance carriers will not accept claims for reimbursement after 90 days from the date of service.
- 11) Learn about your health insurance coverage and contact your carrier if you have any questions about your benefits.
- 12) Let us know when you see other healthcare providers so that we are able to coordinate the best care for your child(ren).
- 13) Come to each visit with any updates on medications and questions you may have.
- 14) Tell us when you don't understand something.
- 15) Learn about your child(ren)'s condition and what you can do to help him/her stay healthy.
- 16) Follow the plan that we have agreed is best for your child(ren).

- 17) Give your child(ren) medications only as prescribed.
- 18) Comply with any Med Check requirements for refills. At least one check up every three months for mental health medications.
- 19) Don't wait until the last minute for refill requests. Use the patient portal for requests.
- 20) Learn to use the Tel-A-Health-One Video conferencing.
- 21) Contact us after hours only if your issue cannot wait until the next business day.
- 22) Do not try to contact providers through social media or personal e-mail. **Understand that there are two ways to contact your provider. 1) Call during business hours and leave word with the staff. 2) USE THE PATIENT PORTAL FOR YOUR QUESTIONS AND REQUESTS.**
- 23) Agree that all providers at Health One will work together as a team in a collaborative environment and have access to all information related to your child(ren)'s care.
- 24) Understand that we will accommodate your provider requests as often as possible, but understand that it is not possible to see the same provider at every visit. We are proud of our providers, their diversity in interests and particular talents but they are all capable of general pediatric ill and well care.
- 25) Pay your copay (if applicable) at the time of service. Required by your Insurance Company.
- 26) Pay the patient responsibility portion of your services within 30 days from the date of service (for patients on a payment plan, this item would apply to any services rendered outside of the payment plan).
- 27) Respond (if applicable) to any correspondence received via telephone, mail, e-mail, patient portal etc., from our office.
- 28) We hold our staff to very high standards of compassionate consideration, respect and professionalism when it comes to our parents and patients. We expect the same treatment in return at all times. We have and enforce a zero tolerance for abusive behavior including verbal abuse of the staff. Zero tolerance means a dismissal of care based on the first offense.
- 29) Access our website at [healthoneohio.com](http://healthoneohio.com) for office policies and other information.
- 30) Give us feedback to help us improve our care and service for your child(ren).
- 31) **COB:** Each year, usually at the beginning of the calendar year your insurance carrier will require you to update your insurance information pertaining to any other coverage you might have for your children or not. THIS IS THE "COB " (coordination of benefits) request. It is your responsibility to keep this up to date. If you do not respond to this request and we get notice that a claim cannot be processed due to this, we will not be able to schedule you again until this is fixed. This is a simple one-page form that needs done each year with your insurance carrier.

**IMPORTANT: Remember, when you sign your patient information form you are consenting to this agreement. Please review this carefully and feel free to contact us at 614-875-3444 with any of your questions.**