

HEALTH ONE PATIENT-PROVIDER PARTNERSHIP AGREEMENT

Welcome and thank you for choosing Health One. We are committed to providing your child(ren) 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 an expanded type of 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.

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 your child's records through our patient portal.
- 11) Provide direct provider communication through the patient portal.
- 12) Provide after hours 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. However, these are a courtesy call and it is ultimately your responsibility to come to your child(ren)'s appointment.
- 14) Constantly study and work on your patient experience.

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) Provide a minimum of 24 hours' notice when you are not able to bring your child(ren) to a scheduled appointment.
- 3) 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.
- 4) 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.
- 5) In the case of a divorce, both parents will communicate between each other and attend all visits. Both parents will sign and 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. Here again the patient portal is helpful regarding access to records, visit summaries and general communication.
- 6) Provide current demographic information (telephone number, address, e-mail, etc.) so that we may contact you as needed.
- 7) 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. We adjudicate 98% of our claims to the insurance carrier within 48 hours from the time services are rendered.
- 8) Learn about your health insurance coverage and contact your carrier if you have any questions about your benefits.

- 9) Let us know when you see other healthcare providers so that we are able to coordinate the best care for your child(ren).
- 10) Come to each visit with any updates on medications and questions you may have.
- 11) Tell us when you don't understand something.
- 12) Learn about your child(ren)'s condition and what you can do to help him/her stay health.
- 13) Follow the plan that we have agreed is best for your child(ren).
- 14) Give your child(ren) medications only as prescribed.
- 15) Contact us after hours only if your issue cannot wait until the next business day.
- 16) Agree that all providers at Health One will work together as a team and receive all information related to your child(ren)'s care.
- 17) Pay your copay (if applicable) at the time of service.
- 18) 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).
- 19) Respond (if applicable) to any correspondence received via telephone, mail, e-mail, portal, etc., from our office.
- 20) We hold our staff to very high standards regarding 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.
- 21) Access our website at healthoneohio.com for office policies and other information.
- 22) Give us feedback to help us improve our care and service for your child(ren).
- 23) **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.

By checking this box I certify that I have read and agree to the terms of the e-sign agreement and consent to e-signing this document

 Parent/Guardian Signature Printed Parent/Guardian Name Date

 Patient Signature Printed Patient Name Date

Patient(s) Name & DOB:

We look forward to working with you as your primary care provider.

 Provider Signature Printed Provider Name Date