

Healthcare Physicians of Southern Illinois

PATIENT RESPONSIBILITY STATEMENT

As a patient you should expect to provide and discuss the following at each office visit.

HEALTHCARE REGISTRATION

- **Arrive 5 minutes prior to your appointment time to complete appropriate paperwork. If the physician's schedule is extremely behind, you may request to re-schedule your appointment at no charge.**
- **Update information regarding current legal name, address, telephone number and employer as applicable.**
- **Verify your insurance coverage by providing current insurance card(s). Provide complete new insurance information if there are changes.**
- **Pay current copay amounts and any outstanding balances payable to the physician upon arrival for the appointment.**
- **If you cannot provide current insurance information**
 - **you will be required to pay in full for that day's office visit OR**
 - **a payment plan may be implemented at the discretion of the physician, dependent on the patient's payment history OR**
 - **your office visit may be re-scheduled.**
- **It is your responsibility to know the coverage and requirements of your health plan regarding diagnostic testing, physical exams, physician referrals and other preventative services.**
- **There could be a charge for the following:**
 - **broken or missed appointments without 24 hour notice**
 - **copies of medical records for any non-physician recipient**
 - **returned checks**

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HEALTHCARE INFORMATION

- **Provide to nursing a list of all current medications including; prescription, non-prescription, herbal remedies, vitamins and communicate current healthcare concerns.**
- **Expect physician to treat the primary reason for that day's office visit, such as: workmans compensation, sick visit, wellness visit, follow-up visit or routine office visits.**
- **Comply with suggested treatment plans from your physician. Any suggested treatment plan denied by the patient will be acknowledged by the patient and physician in the medical record.**
- **Update the Code Blue Designation Form as applicable. The office will require that you acknowledge this form annually.**
- **Provide to the office any documents regarding advance directives, living wills, or healthcare power of attorney. Healthcare Physicians of Southern Illinois does provide a booklet with an overview of these legal documents. Please ask for a booklet if you are interested.**

HEALTHCARE MAINTENANCE

- **Medication refills;**
 - **for refills to a pharmacy, allow 48 hours**
 - **for written prescriptions, you must be specific on the name, strength, dosage, quantity required, and the number of refills needed per each medication requested. Allow 48 hours for pick-up of prescription.**
 - **Do not rely on medication refill requests to be completed after hours or on weekends when the office is closed.**
 - **DO NOT CONTACT THE PHYSICIAN ON CALL TO REFILL MEDICATIONS THAT ARE NON-EMERGENCIES.**
 - **If you have an emergency, go to a hospital's Emergency Room for medical evaluation and treatment.**

I, _____, have read the above patient responsibility statement, received a copy and agree to the terms stated.

Patient's Signature _____ Date _____ D.O.B. _____

