

Office Regulations and Guidelines

As a patient or responsible family member of a patient of Olentangy Pediatrics, I have read and understand the following Office Regulations and Guidelines:

1. I am responsible for paying my bill and balance due in a timely manner. Copays will be paid at the time of service. I understand that if I do not pay my bill and balance, my file will be sent to a collection agency and my relationship with Olentangy Pediatrics could be terminated after 60 days.
2. I am responsible for arranging and scheduling appointments and Olentangy Pediatrics will, when able, provide a follow-up reminder phone call.
3. I understand that if I do not call or do not cancel the appointment which I have scheduled that I will pay a twenty five dollar fee.
4. I understand that if I do not pay my balance when due that I may no longer be given an appointment or receive care from the staff at Olentangy Pediatrics.
5. I understand that Olentangy Pediatrics will not provide vaccinations to patients or families who owe an account balance. In such instance, I will have my child vaccinated by the Ohio Department of Health.