



700 EAST OAK STREET
CANTON ILLINOIS 61520
Phone: 309-647-1134
Fax: 309-647-9545
Contact Us On The Web At:
www.fultoncountyhealth.com

Astoria Sub-office
309-329-2922

Cuba Sub-Office
309-785-5300

FULTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer and Provider

PATIENT RESPONSIBILITY

Patient Name: _____ (Please initial each paragraph)

_____ Payment is due at time of service. Our office accepts cash, Medicaid, personal checks, credit cards for the amount of the service only. All charges for services are your responsibility. Services will not be provided without payment.

_____ Please call if you cannot make your appointment. You may leave a message on our answering machine after hours, if necessary, by entering the number "292" when you reach the Health Department's automated operator.

_____ Appointment times are valuable. If you do not show up for your appointment or call less than two hours ahead to cancel, you will be rescheduled at the next available regular appointment. If there are three missed (failed) appointments without prior notification, patient will not be scheduled for a year but can come sit in the waiting room in hopes we can work them in if we have cancellations.

_____ We recognize that your time is valuable and we will make every effort to avoid unnecessary waiting. However, delays may occur when patients with emergencies are added to the regular schedule. We appreciate your understanding and patience in this matter.

_____ Under no circumstances should children under twelve be left unattended in the waiting room. Neither will anyone other than the patient be allowed in the opertory, except under special circumstances. Children, other than the patient, will not be allowed.

_____ Patient medical card and patient/guardian ID MUST be presented at each visit for service. Failure to do so many result in denied service for that appointment time.

_____ A custodial parent or legal guardian must accompany children under the age of 18 and must remain in the building at all times. If this is not possible, a Proxy form provided by the health department must be filled out in the presence of the office staff designating a specific adult proxy authorized to act on the guardian's behalf for the child.

Patient/Guardian Signature _____ Date _____
FCHD: 11/09

