

## FINANCIAL POLICY

1. Please update your address, telephone numbers, current insurance card(s) and photo id when you check-in for your appointment. Insurance carriers mandate that we update this information each calendar year. Patients who do not arrive for their appointment with their current insurance card, photo id, and/or copay may be rescheduled. Self-pay patients who do not arrive with a method of payment for services rendered at the initial visit will be rescheduled.
2. It is the patient's responsibility to know if their insurance requires a referral to see a specialist, which must be presented at your initial appointment. Our contracts with these insurance carriers mandate that we cannot see their patients without a *Referral or Consultant Treatment Plan*. Please check with the receptionist at check out to ensure that your referral will still be valid for your next appointment.
3. Payment is due at the time services are rendered, including payment of co-pays at the time of check-in. We will gladly provide you with a patient balance statement and an Explanation of Payment from your insurance company. We accept cash, personal check, debit card, American Express, Discover, MasterCard, and VISA. We also offer financing through CareCredit and can assist you with an application.
4. Should you arrive late for your scheduled appointment the receptionist will check with the provider who will determine if you can be seen. We reserve the right to reschedule any appointment if the patient arrives more than 15 minutes late. **There will be a \$50.00 Missed appointment fee for patients that do not cancel appointments.**
5. If payment is not received after you have been sent two (2) statements you will receive a courtesy call as a reminder to submit payment; if payment is not received the account will be assigned to a collection agency. Once your account is assigned to collections we can no longer process payment for you in this office. You are responsible for the balance in full in addition to any assigned collections fee once the account is sent to our collection agency. If my account should be placed with an attorney for collection, I agree to pay, in addition to all other amounts I owe, an attorney's fee equal to one-third percent (33.3%) of my outstanding balance and other costs associated with collections. If any indebtedness is not paid in full within 30 days from the date of invoice, I agree to pay an interest charge of 1.5% per month(18% per annum). Loudoun County shall be the proper jurisdiction and venue for any collection action.
6. We do not accept "Starter Checks". We do not accept personal checks for payment of services at the initial visit if you are a "Self-pay" patient. We reserve the right to charge a Returned Check Fee for NSF checks. The returned check fee is \$35 per occurrence (VA 8.01-27.1).
7. We retail a variety of items for the convenience of our patients. You are under no obligation to accept the item and may decline the item and purchase elsewhere. Specific items are non-reimbursable by your insurance company and are considered "Cash & Carry". We will advise you of the cost of the item you wish to purchase. Once purchased or fitted to you, you cannot return the item per OSHA regulations. These items are non-refundable.
8. As a courtesy to you, we obtain an estimate of patient responsibility and determine if services or Durable Medical Equipment we dispense to you, requires prior authorization. Please understand that the information we obtain in a Benefit & Eligibility check is not a guarantee of payment by your insurance company. You will be asked to pay your expected patient responsibility for items or services provided to you upon Check-out. You are under no obligation to accept these items or services and may formally decline to your treating provider before the treatment or item is rendered or dispensed.
9. Prescriptions for narcotics must be picked up and signed for during business hours. We cannot mail these prescriptions or call them into your pharmacy. Prescriptions for non-narcotic medication can be picked up at this office or called into your pharmacy. We request 72-hours advance notice to have your prescription ready. We do not fill prescriptions on holidays or weekends. Please request refills at the time of your appointment or have your pharmacist fax the request to the office at (703) 858-1801. Please note we do not send prescriptions to mail-order pharmacies.
10. A copy of a prescription for physical therapy, occupational therapy, labs, CT Scan, Bone Scan, MRI or EMG/NCS requires 2 business days' notice and must be picked up in person or can be mailed to your home address. For your privacy and protection, we do not fax prescriptions and we may request verification of identity at the time of pickup.
11. In order to obtain pre-authorization necessary for your procedure (CT Scan, Bone Scan, MRI, etc) you must provide us with the location where the procedure will be conducted. We require 3-5 business days to complete authorizations. Should you change the location of your procedure, a new authorization will need to be filed.
12. All Medical Records Requests must be made using the *Authorization to Release Healthcare Information* form. Fees include \$0.50 per page for up to 50 pages; \$0.25 per page for 51 pages and above; \$10 per x-ray DVD; plus, postage and a \$10 handling fee. Your copies will be available within fifteen (15) business days.
13. For completion of disability, FMLA, and other forms there will be a fee of \$25 to \$50 depending upon the complexity of the paperwork.

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_