

Family Physicians of Old Town Fairfax
Policies and Procedures

Thank you for choosing us as your healthcare providers. We are committed to the success of your treatment and providing the highest quality care possible. The following is important information regarding our policies and procedures. We require that you read and sign this form in order to receive care at Family Physicians of Old Town Fairfax.

PAYMENT DUE AT THE TIME OF SERVICE

Payment of your “Co-Payment” and “non-covered” procedures are due at the time of service. If you do not have insurance coverage, Payment in Full is due at the time of service. Family Physicians of Old Town Fairfax are participating providers with many insurance plans. We will submit all charges to your insurance company. If there is a remaining balance, once payment is received from your insurance carrier, you will be billed for any remaining balance, based on the contractual agreement that we have with your insurance company. **There will be a \$7.50 service charge for all accounts with outstanding balances at the end of the billing cycle that requires a billing statement mailed.**

We cannot accept new Medicare, Medicaid or Worker’s Compensation patients at this time.

Termination of Service: If at any time there is an outstanding balance, services may be terminated. The patient will receive written notice informing him/her that we will provide urgent medical care for thirty days only, allowing the patient an opportunity to find another provider.

Missed Appointments: Unless cancelled at least 24 hours in advance, the patient will be charged \$25.00 for a missed appointment. Please help us serve you better by keeping your scheduled appointments.

There is a charge of \$50.00 for **Pre-Authorizations, Certifications, Pre-Operative reports or extensive medical reports/forms** needed in less than **72 hours**. A charge for the completion of forms that take a more than expected amount of time will be billed to the patient at a rate \$50.00 per half hour. Copies of medical records will be billed to the patient or appropriate party based on the current Virginia law.

There is a \$25.00 charge for all returned checks (Non sufficient funds, closed accounts etc).

Routine Prescription Requests: We reserve the right to charge \$20.00 for all routine prescription requests needed in less than 24 hours or on weekends.

Minor Patients: Minors must have permission from a legal guardian to be treated, except for exemptions provided by law. For unaccompanied minors, non-emergency treatment will be denied unless the minor has written permission for treatment from a legal guardian. The adult accompanying a minor patient is responsible for any payments due at the time of service.

Deemed Consent: I understand that the laws of Virginia provide that if my physician, or any person employed by or under the direction and control of my physician, is directly exposed to my body fluids, in any manner which may, according to the current guidelines for the Centers for Disease Control, transmit the human immunodeficiency virus (HIV) or the Hepatitis B or Hepatitis C virus, I am deemed by law to have consented to testing for infection with the HIV, Hepatitis B or Hepatitis C virus. I further understand that by law I will be deemed to have consented to release of these test results to the person exposed to my body fluids.

Health Insurance Portability and Accountability Act of 1996 (HIPPA): The Health Insurance Portability and Accountability of 1996 provides you with certain rights to privacy regarding protected health information (PHI). I understand that this information can and will be used to:

1. Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
2. Obtain payment from third party payers (this includes providing information for the patient to be reimbursed).
3. Conduct normal healthcare operations. For example, to evaluate the quality of care you receive from us.

Family Physicians of Old Town Fairfax is implementing an Electronic Medical Record System, with information-security protections that comply with HIPPA. You may have the option of receiving some of you Protected Health Information via a secure “patient portal” in the future. I authorize you to send PHI information to this email address. _____ . **Initials** _____

As always, Family Physicians of Old Town Fairfax is dedicated to maintaining the privacy of your health care information. Our Notice of Privacy Practices is posted in the patient lobby and a copy is available upon request.

Signature: _____ **Date:** _____