

2700 Prosperity Avenue, Suite 260, Fairfax VA 22031

### **OFFICE FINANCIAL POLICY**

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

**INSURANCE:** We are a participating provider with several insurance plans. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit. Due to the many different insurance products that exist, our staff cannot guarantee your eligibility and coverage. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. Our staff will make every effort to assist with these matters, but ultimately it is the patient's responsibility.

**PARTICIPATING INSURANCE HOLDERS:** Payment of co-payments and co-insurance is expected at the time of service. This is an insurance company rule. We accept cash, personal checks, and all major credit cards. We will prepare and send the claim to your insurance company for the fulfillment of your benefits. Any allowed charges that are not paid by your insurance and charges for non-covered services will be billed to you.

**NON-PARTICIPATING INSURANCE HOLDERS:** If we do not participate with your insurance company, then you will be responsible for 100% of the charged amount. However, if you pay at the time of service, we will discount your bill by 30%. If you do not choose to pay in full at the time of service, then we require a payment of \$25 towards the final balance. In either event, we will submit the claim to your insurance company in case you have out-of-network benefits. In most cases, your insurance company will send payment directly to you. If you did not pay in full at time of service and you receive a payment from your insurance company, you need to send the payment to us along with the explanation of benefits (EOB).

**SELF PAY PATIENTS:** Self-pay patients are responsible for 100% of the charged amount. However, we provide a discount of 30% if payment is made in full at the time of service.

**PATIENT STATEMENTS:** Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you. Your remittance is due within 10 business days of your receipt of your bill. If you believe your balance should have been covered by insurance, please contact us as soon as possible. In some cases, we can appeal a claim that was denied by the insurance carrier, but only within certain time limits. If we do not hear from you within the time limits imposed by your insurance carrier, we will be unable to get the claim reprocessed and you will be responsible for the balance.

**CANCELATION POLICY:** We ask that you give the office 24 hours notice of cancellation. This call needs to be made during business hours, Monday-Friday, 9:00 AM-5:00 PM. If less than 24 hours notice is given, the patient will be charged a cancellation fee of \$40. If a patient doesn't show up for their appointment without giving notice, the patient will be charged a 'no-show' fee of \$60. These charges are not billable to your insurance company and payment is the responsibility of the patient.

**FORMS AND MEDICAL RECORDS:** Any forms requested to be filled by our practice (school forms, FMLA form, medication forms, and special letter requests), there is a \$30 charge per form. For a copy of your complete medical record, there is a charge of \$30. Payment is due when the forms are dropped off or can be paid by credit card over the phone. We have a 3 to 5-day turnaround time for forms.

**RETURNED CHECKS:** A \$35 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.

**OVERDUE BALANCES:** Patients with an outstanding balance more than 60 days overdue must make immediate arrangements for payment, unpaid accounts may be sent to collection. Follow up appointments will not be scheduled until account balance has been resolved.

**SECONDARY INSURANCE:** We will submit a claim to a secondary insurance carrier only if the carrier is Virginia Medicaid. Otherwise, you will be responsible for any balance. You may submit our invoice to your secondary insurance carrier, together with a copy of the Explanation of Benefits from your primary carrier, for reimbursement.

**COLLECTIONS:** If your account is turned over to a collections agency or attorney, you will be responsible for any fees imposed by the collections agency to collect your account. As these fees can be in excess of fifty percent (50%) of the outstanding balance, please be sure to pay your balance promptly.

**REFERRALS FOR EACH VISIT:** It is your responsibility to determine whether you need a referral for your visit and to obtain any necessary referrals. If your insurance company denies coverage because you did not have a referral, then you will be responsible for the full amount of the charges.

**BILLING OFFICE:** If you have questions in regard to any of your billing statements, our accounts receivable staff is available to assist you. We use an outside billing service and they can be reached at (301) 591-9711

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.