

Important Practice Policy Information

Revised 5/21/18

To make it possible to provide you, and the rest of my patients, the best possible care, at the most affordable price, I have created the following practice policies:

1. **Appointment Times:** You are asked to arrive a few minutes early for your appointment. This allows me to stay on schedule and prevents people scheduled after you from having to wait.
2. **Missed and Cancelled Appointments:** My service model is to schedule visits with ample time to address all your needs. A missed appointment, or one cancelled without notice prevents me from optimally serving others. We kindly ask that you give us notice of 1 business day if you need to change an appointment time. There is charge of \$50 for a missed appointment or one that is cancelled without proper notice.
3. **Insurance:** While I am not in network with any insurance plans we still collect insurance information on your behalf so it can be forwarded to labs, so a lab can bill your insurance for services they render. In order to help you, we need correct insurance information at each visit so we know which lab to send your specimen to. Some labs are only in network with certain insurance companies. I ask that you acknowledge that it is your responsibility to:
 - a. Provide this office with accurate insurance information at each visit
 - b. Call your insurance company to provide them the necessary information to process your claim or resolve claim processing problems should they arise
 - c. Know what services are covered by your insurance company (although feel free to ask us for assistance if needed)
 - d. Recognize that I provide free in-house blood drawing for the sake of your convenience. All billing problems related to lab costs are between you and the lab unless there is an error made on our end by sending the specimen to an incorrect lab given the insurance information you provided.
4. **Membership and Enrollment Payments:** If your enrollment begins after the first day of the month the first month's membership payment will be pro-rated to reflect the number of days remaining in that month. This dollar amount, along with the enrollment fee, is collected at the time of enrollment. When you enroll you may pre-pay the entire year of membership at this time or select a monthly auto-payment option. Auto-payments can be made with a scheduled withdrawal from a checking account, or scheduled payment from debit card or credit card. Monthly payments will be made on the 15th of every month.
5. **Payments for non-membership charges:** Other charges are generally infrequent, but include costs for vaccines, in-house lab tests (like flu testing), and lab costs for people who choose to bypass their insurance and use my negotiated rate. These charges are collected at the time of your scheduled visit. We will make every effort to tell you the price of these charges ahead of time. We require cash and check paying members to have a payment method on file so charges outside of membership can be paid as they occur. We will provide you a current price list upon request. I do not charge for rapid strep tests or in-house urinalysis.
6. **Reflex lab testing (for those NOT using insurance for labs):** Occasionally lab testing done at an outside lab yields a positive lab result and leads to an automatic "reflex" second test that provides additional information. There will be another charge for this second test after the fact. I will make all reasonable effort to tell you ahead of time which situations could be lead to a "reflex" test performed and how much it would cost.

7. **Balances owed due to payment failure:** If a scheduled payment or non-membership charge payment does not process we will notify you by phone, text, and/or US Mail. We recognize that this sometime happens for logistical reasons, like getting a new credit card number. We ask that you rectify the payment delay as soon as possible. If full payment of an open balance is not made within 30 days of notification, then this will result in termination of your membership and our treatment relationship. In the case of a financial hardship this office will work with all patients, within reason, to create a 6 month payment plan for balances owed. If you do not engage with me to create a mutually agreeable payment plan I will send open balances of \$100 and over to a collections agency for assistance in collecting the money. All collections costs that I am charged will become your responsibility in addition to the open balance amount.. Collection costs I pay calculate to be 50% of the open balance.
8. **Re-enrollment:** If your membership ends for any reason re-enrollment is not guaranteed. If one does re-enroll the full enrollment fee will need to be paid at the time of re-enrollment.
9. **Returned check fees or other bank fees for payment failure:** If I am charged by a bank as a result of a payment failure on your account I will charge you for whatever this amount is. Documentation of the charge will be furnished upon request.
10. **Medical Record Requests:** Fees are limited by Virginia statute and are currently: a \$20 search fee, \$.50 per page for the first 50 pages, then \$.25 per page. If you request that the records be mailed, we will also charge the amount of postage we pay.

I have read and understand these policies: Sign:_____ Date:_____