

NORTHERN VIRGINIA GASTROINTESTINAL ASSOCIATES, LTD.

PRACTICE POLICY: General Office Procedures

Appointments: In scheduling appointments, it is our intent and wish to see you as soon as possible, given the constraints of our mutual schedules. Please be aware that we are mindful of emergencies, which may arise or the urgency with which you may need to be seen. Our staff and physicians will make every effort to accommodate your requests. To schedule an appointment, please call our office at (703) 876-0437, Monday-Friday, between 09:00 a.m. to 5:00 p.m. Please note we will make every effort to see you on time at your scheduled visit. However, individuals arriving early for their appointments may not be taken until the scheduled time, to avoid delaying other patients unnecessarily. In addition, when you are unable to keep your scheduled appointment, you must call the office to cancel within 24 hours so we may make that time available to another patient who is in need of an office visit. **Failure to cancel appointments within 24 hours will result in a charge of \$50.00. This fee is not covered by your insurance, you are responsible for payment.**

Clinician Phone Calls: To avoid disrupting scheduled patient visits, please leave a detailed message with the Receptionist. Please indicate where you may be reached. Knowing how important a response is to you, your call will be returned at the first opportunity. Urgent calls will be immediately routed to the designated clinical staff and prioritized accordingly.

Prescriptions: On calling the practice, choose the option for prescription refills. Please listen to the recorded message and follow the instructions. Messages are promptly received and forwarded to the clinical staff, who processes the requests with the Physicians. Prescriptions will be available for pick up at the office or the pharmacy within 2 business days (48 hours). Please note, patients are expected to be aware of the refill status of regularly taken medications and are responsible for requesting refills *prior* to expiration of current prescriptions and in conjunction with their scheduled office visits. As with other calls, urgent requests will be immediately routed to the designated clinical staff and prioritized accordingly.

Medical Records: Please allow two weeks from the date of your request to receive your records. Such requests must be made in writing and signed by the patient. You may fax your request to (703) 876-0722. Please list a phone number on your request where you can be reached so that we may call when your records are ready. We do charge a \$15.00 fee (this includes postage) plus 50 cents per page for the first 50 pages and 25 cents per page thereafter.

Pathology Results: All results are reviewed by our Physician or Physician Assistant. You will be notified of results once the review is completed. **Please allow two weeks** from the date of your test for notification.

Radiology Results: All results are reviewed by our Physician or Physician Assistant. You will be notified of results once the review is completed. **Please allow one week** from the date of your procedure.

Parking: There is a fee to park in the hospital lot in Arlington. We are required to pay for our own parking, therefore we are unable to validate your parking ticket. Parking is free at the Woodburn office.

Patient Privacy: It is the policy of the Practice to maintain the confidentiality of Protected Health Information (PHI). All physicians and staff associated with the practice are informed as to the rights of patients with this regard. Upon registration, patients are requested to sign a consent allowing the practice to disclose PHI to other treating physicians, insurance companies and business associates to carry out treatment, payment or healthcare operations. For information released to individuals or entities for other purposes, patients will be requested to sign additional waivers, authorizing PHI release by Northern Virginia Gastrointestinal Associates, LLC. Specific requests will include, but not be limited to medical-legal; life/disability insurance eligibility; research; marketing; release of information to specified individuals, family members, etc. and will have effective/termination dates. These releases may be updated or restricted (as permissible by law) at any time, upon written request by patients or as deemed appropriate by the Practice. Additional privacy notifications will be issued in writing to patients, up on substantive changes to these practices. Due to the need for and legislation regarding patient privacy, these policies will be strictly adhered to by the Practice.

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PRACTICE POLICY: Financial Procedures

For those patients covered by participating plans, we will be happy to bill those plans for your services. Please be aware that due to current federal regulations, we are obligated to collect all co-pays and bill for all services. As such, professional courtesy may not be extended. In order for us to ensure care is available to all patients seeking our services, we require payment of uncovered services be made in full at the time of visit. Payments may be made in the forms of Master Card/Visa/Discover, check or cash. We ask that you adhere to these requirements and understand that our business is not a lending institution. As such, we do not have the resources to extend credit to patients. Therefore, when payment arrangements must be made, they must be acceptable to both parties. To assist you in understanding your financial responsibilities, please refer to the following:

Identification: For billing purposes, please bring current photo identification and current/valid insurance cards with you at the time of your scheduled visit. ***If you fail to bring your current insurance card, please be prepared to pay for your office visit.*** Once we receive your card, bill your insurance and receive payment, you will be refunded the amount you paid minus any co-pays.

Insurance Claims: If you do not pay for your visit in full at the time of service, you must assign benefits to our office. As a courtesy to you, we will submit the claim to your insurance company for reimbursement. After 60 days, if the insurance company has not paid your claim, the balance will be your responsibility. We reserve the right to resubmit claims to insurance carriers, for which we are not contracted, ***one time only.*** This is due to the significant costs incurred by our office for multiple submissions.

Billing Inquiries: When calling the practice, choose the option for billing. Please listen to the recorded message and follow the instructions. Calls will be returned during the hours of 9:00 a.m. to 5:00 p.m. Please indicate where you may be reached during these hours. Your call will be returned at the first opportunity. To facilitate the efforts of our Billing Specialists, please have the necessary information available that you need to discuss. ***Please note: Virginia Hospital Center, INOVA Fairfax Hospital, Woodburn Endoscopy Center and other ancillary services i.e. lab, medical imaging, anesthesia, etc. are not part of our practice. Please call the number(s) listed on those statements for assistance.***

Referral Policy: Many insurance policies require a referral to a Specialist. It is ***your*** responsibility to call your Primary Care Physician (PCP) and obtain the necessary referral ***prior*** to your appointment with us. Please bring your referral to your scheduled appointment or have your PCP fax it to (703) 876-0722. Please note the number of visits you are allowed and the expiration date. If you require continuous care, you will need to keep your referral up to date.

Co-payments: ***All co-payments are expected at the time of service.*** It is your responsibility to be aware of your co-pay and the correct amount. Your insurance representative may be of assistance, should you have questions regarding your specific amount. Not all insurance cards have the co-payments listed on them.

Lost prescription and orders: If a prescription or diagnostic order is lost, you will be charged \$10.00 for a replacement. This fee is not covered by your insurance.

Verifications of Insurance Benefits: Northern Virginia Gastrointestinal Associates, LLC recognizes it to be the patient's responsibility to ensure requested services are covered through their insurance plans. Patients requesting verification information will be directed to call their Insurance Carriers for plan specific coverage information. Patients are responsible for payment of uncovered services that have been provided by the practice.

Account Balances: Should you have an account balance with Northern Virginia Gastrointestinal Associates, LLC and present to the office for an appointment, you will be expected to pay your outstanding balance in full.

I have

Name

Date

read and understand this policy.