

Northern Virginia Physicians to Women, Ltd.

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While we make every effort to practice medicine with our greatest concentration on health, we must also pay attention to the standard practices of billing and collecting fees in order to remain a viable office.

Financial Policy

If your health insurance plan has contracted with our office, we will file a claim on your behalf; however, you are responsible for any copayments, deductibles or non-covered services at the time of service. Any outstanding balances are due within thirty (30) days upon receipt of our statement.

Uninsured patients or patients that have health insurance with which we do not have a contract are expected to pay for their services in full at the time of service. We will supply a receipt and itemized statement so that you may submit it for reimbursement.

Cancellation Policy

In an effort to offer appointments to all of our patients requiring care, we ask our patients to notify our office 24-hours in advance. Failure to cancel less than 24 hours in advance will result in a \$50.00 charge billed to your account. If you fail to keep an appointment, a charge of \$75.00 will be billed to your account. We are unable to bill your insurance company for missed appointments. If you cancel less than 72 hours in advance for an elective inpatient/outpatient surgical admission, a charge of \$150.00 will be placed on your account.

Medical Records Fee

In accordance with Virginia Law, there is a charge for copying medical records. This charge includes a \$10.00 administrative fee. The price per copied page is of \$0.50 for the first fifty (50) pages, and \$0.25 thereafter. The cost of mailing medical records is the actual postage value.

Completion of Disability and FMLA Forms

There is a \$25.00 charge *per* form for the completion of all disability and FMLA forms. There is also a \$25.00 charge for any letters drafted by our office at your request. The charge will be billed to you upon completion of the form. Please allow up to two (2) weeks for the form(s) to be completed.

Collection Agency Activity

Should the practice determine that all means to collect debt has been exhausted internally, a patient account may be placed into an external collection agency. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 25% of the debt, and all costs and expenses, including reasonable attorneys' fees we incur in such collection efforts.

I agree to and have read the above statements.

Patient's Printed Name

Patient's Signature

Date