



PRACTICE POLICY FOR ADMINISTRATIVE SERVICES

The healthcare industry is experiencing tremendous changes in its economic environment requiring physicians to increase efficiencies and enhance patient care. At the same time, reimbursement from insurance companies continues to decline. We find it necessary to institute several changes in our practice policies. We appreciate your cooperation and understanding while we endeavor to provide you with the best possible medical care. For your convenience we accept cash, checks, money orders, debit and most credit cards.

RETURNED CHECK: Each check returned for insufficient funds or a closed account will incur a \$25 fee.

MEDICAL RECORDS: To obtain copies of your medical records you must sign a Medical Release form. There is a \$10 processing fee plus \$.50/page. These fees, set forth by Virginia State Law, must be paid in full before your request can be processed.

FORMS, LETTERS AND REPORTS: Disability, FMLA, Cancer Policies, AFLAC, etc... The fee for completion of these documents is \$20 per form. All fees must be paid in full before the form can be produced. Please allow 7 to 10 business days for processing.

APPOINTMENTS (NO SHOW, CANCELED OR RESCHEDULED): Surgical and endoscopy procedures canceled or rescheduled with less than three (3) business days notice will incur a \$100 fee.

Procedures scheduled on Monday must be canceled or rescheduled by 4:30 PM the preceding Wednesday.
Procedures scheduled on Tuesday must be canceled or rescheduled by 4:30 PM the preceding Thursday.
Procedures scheduled on Wednesday must be canceled or rescheduled by 4:30 PM the preceding Friday.
Procedures scheduled on Thursday must be canceled or rescheduled by 4:30 PM the preceding Monday.
Procedures scheduled on Friday must be canceled or rescheduled by 4:30 PM the preceding Tuesday.

Surgical scheduling has to be coordinated with your surgeon, hospital or outpatient facility, and insurance company; thereby requiring additional administrative support.

By signing below I acknowledge that I have received, reviewed, understand and will comply with the policies in the Practice Policy for Administrative Services.

Signature of Patient or Guardian

Date of Signature

