



Office Policies

Billing

We accept most insurance plans and will gladly file insurance claims on your behalf. Ultimately you hold the financial responsibility for your account. We ask that you remit any applicable co-pay, deductible, and co-insurance according to the terms of your insurance contract at the time services are rendered. If you do not have your insurance information available at the time of your visit, we require that you pay 100% of charges rendered prior to the visit.

If you are unable to make payment in full, please inquire about arranging a payment plan. If multiple attempts to collect payment from you are unsuccessful, we reserve the right to turn the outstanding balance due to a collection agency. In addition to the principle balance due, you will be responsible for any legal or collection agency fees incurred. We do not accept checks.

Cancellations

We will attempt to contact you to remind you of your appointment 48 hours prior to your appointment. If you are unable to keep your appointment, we require 24 business hour notice to cancel/reschedule. If you fail to show for your appointment or cancel/reschedule without providing 24 business hour notice, we reserve the right to charge you an \$80.00 no show fee. This fee is subject to change.

Prescription Refills

We request 72 business hours to refill prescriptions from time of request. The best way to request refills is to call your pharmacy two weeks before your medication runs out and your pharmacy will contact Loudoun Internal Medicine Associates.

Referrals/Prior Authorizations

Please call your insurance to verify if a referral/prior authorization is needed. Some insurance companies do not require a referral. Please allow 5 business days to obtain your referral. Some insurances can take up to 7 business days to receive approval or denial. We cannot back date referrals and we cannot accommodate same day referrals unless it is a true emergency.

Forms/Medical Records

Forms needing to be filled out by a provider (i.e. school physical form, disability paperwork) are subject to a \$10-50 form fee which cannot be billed to your insurance company. Fee is subject to change.

Divorce

The parent authorizing treatment for a child that is under the age of 18, will be the parent responsible for the charges related to that care including copays/deductibles. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent’s responsibility to collect from the other parent.

After Hours Care

You can reach the on call physician by calling our practice at (703) 858-3220. The on call physician will advise you where to go based on your medical condition.

Emergencies

If you have a life-threatening emergency, please call 911 or go to your nearest emergency room.

By signing this form, I have agreed to the terms and conditions listed above.

Printed Patient Name

Date of Birth

Today’s Date

Patient Signature

Printed Name of Personal Representative

Relationship to Patient

Signature of Personal Representative

Thank you for choosing Loudoun Internal Medicine Associates as your primary care provider.