

NORTHERN VIRGINIA CENTER FOR ARTHRITIS, P.C.

OFFICE POLICIES

1. We require 24 hour notification if you need to cancel your appointment. We reserve the right to charge a \$50 fee for new patients and a \$25 fee for established patients for same day cancellations. Please make sure you update your phone numbers with the receptionist to receive your reminder call.
2. All co-pays and balances must be paid and up-to-date before being seen by the physician. Insurance coverage is the patient's responsibility and any discrepancies or questions should be directed to the insurance company.
3. For all patients with HMO insurance policies, you must present your referral to the receptionist upon signing in. If you do not have your referral, you will be asked to reschedule your appointment. We have a contract with the insurance companies and are not allowed to see the patient without the referral. We ask that you hand carry your referral. It is the responsibility of the patient to obtain their referral -NOT OUR OFFICE.
4. All prescriptions for narcotics must be picked up and signed for during your appointment. We no longer mail or print them for pick up.
5. Lab and xray reports, and non-narcotic prescriptions may be picked up. Please give us advanced notice so that we can have them ready for you.
6. If you require copies of your medical records a \$20 initial charge, and \$0.37/page for pages 1-50, and \$0.18/page for 51+ pages will apply.
7. There will be a charge for any forms that need to be filled out by the physician. This includes but is not limited to medical leave forms, long-term care insurance, or any other insurance forms. The charge will depend upon the complexity of the forms. Please note: we **DO NOT** fill out functionality or disability forms. We will send medical records only.
8. We do not call mail order pharmacies. If you use a mail order pharmacy, we will fax the prescription for you, or you may come pick up the prescription or get it at the time of your appointment. If you use a local pharmacy and need a refill, please have your local pharmacy fax the request to our office. Please allow 24-48 hours for the request to be returned to your pharmacy.
9. Any inappropriate behavior in the office may lead to you being dismissed from our practice.

Thank you for your understanding.

Patient's Name Printed: _____

Patient's Signature: _____ Date: _____

Updated: 4/2018