



## Fairfax Family Practice Centers Financial Policy

**Welcome and thank you for choosing Fairfax Family Practice Centers (hereafter FFPC) for your medical care!**

We are committed to providing you with the highest quality medical care possible in a cost-effective manner. Our professional fees have been determined through careful consideration, in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any concerns you may have regarding your bill.

**Payment is due in full at the time of service.** As a courtesy to our patients, we accept cash, personal check, Visa, MasterCard, Discover and American Express.



We also provide our patients with the ability to pay their bills online. Please select the appropriate office website at the end of this form.

As a part of our Financial Policy, please read the following reminders:

1. **What to bring with you to EACH appointment:**

- Current Health Insurance Card(s)
- Driver's License or Government issued identification card
- Method of Payment

2. **Appointments:**

- Please arrive for your appointments 10 minutes early; 15 minutes early for new patients.
- If you are more than 10 minutes late for your appointment, you may be asked to reschedule.
- **\*\*Please inform the receptionist of ANY demographic changes\*\*** (phone number, address, insurance information, etc). Failure to notify us immediately of changes in your information may result in you being responsible for any services not covered by your insurance carrier.
- **All co-pays are due at the time of service. Any co-pay not received at the time of service, and not paid within 48 hours, will result in a \$30 processing fee.**

3. **Missed or Cancelled Appointments and Other Fees:**

- If you are more than 15 minutes late for an appointment, you may be marked as a No-Show.
- **24 hours' notice is required to cancel or reschedule any appointment. A no-show fee may be assessed for missed appointments without proper notice.** To find out the specific fee for your practice location, please ask any team member.
- **You will have 30 days to dispute a No-Show fee.**
- There will be a fee of \$40 for any returned checks to our office.
- **All balances are due prior to any further service provided by our office, unless a payment plan agreement is signed and in good standing. As stated before, we are always willing to discuss any outstanding balance on your account.**

4. **HIPAA Regulations**



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- In compliance with HIPAA regulations, **we are unable to discuss any details of services rendered**, or to produce an itemized statement for any parties that are not identified as the patient, unless otherwise documented.

### **5. Payment on Visits for Minor Patients**

- Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient. **It is not the responsibility of FFPC to enforce court orders or be involved in any way with domestic relations disputes.**

### **6. Workers' Compensation:**

- Our office will send appropriate workers' compensation claim forms for services rendered on your behalf.
- Please provide us with your Workers' Compensation insurance information at the time of service, as well as the claim number associated with the work related injury. In the event a claim is denied, we will expect payment in full upon receipt of the bill.

### **7. Motor Vehicle Accident Claims:**

- The state of Virginia has an anti-subrogation law in reference to motor vehicle claims. Therefore, when receiving treatment at FFPC for injuries sustained in a motor vehicle accident, self-pay is required for these services, unless this particular FFPC office submits to the medical insurance as a courtesy for you. We do not file these claims to your auto insurance. It is not FFPC's responsibility to hold any charges pending litigation associated with a motor vehicle accident. Any charges not covered by your medical insurance(s) will be your responsibility to pay.

### **8. Lab/Hospital Charges:**

- Any service(s) provided by a lab or hospital is a contract between you and that lab or hospital. Any dispute with that lab or hospital should be handled with that lab or hospital and is not the responsibility of this practice.
- It is your responsibility to know which procedures your insurance will or will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

### **9. Collections and Outstanding Balances:**

- **Any outstanding balance after 60 days of the date of service may be referred to an outside collection agency.**
- Accounts referred to an outside collection agency or attorney may be subject to a collection fee of 33%, which will be added to the total balance at the time of adjustment. All collection and/or attorney fees/interest are the responsibility of the patient. At the time the balance is referred to an outside collection agency, FFPC no longer houses the account and is unable to discuss any issues with the patient. All correspondence/discussion must go through the outside collection agency.
- Patients with unpaid, delinquent accounts, or accounts which have been sent to collections, may be discharged from our practice and from all other FFPC offices. Family members may also be turned to collections, based upon the guarantor of the account.

### **10. Payment Plans:**



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- Our billing office will be happy to work with you in order to pay any balance due to our practice.
- Please contact our billing department to work out a payment plan for your balance with our practice.
- Please allow 5 business days prior to each due date for each payment to be received by our practice.

### **11. Refunds:**

- Refunds will be issued to the appropriate, responsible party.
- Patient refunds will not be processed until all active, or past due charges, are paid in full.
- Refunds less than \$20.00 will not be issued, unless requested by the patient.

### **12. “In Network” vs. “Out of Network” Insurance:**

- Your insurance coverage and benefits are a contract between you and your insurance company; therefore, all disputes must be handled between you and your insurance company.
- We are contracted with multiple insurers to accept assignment of benefits.
- 48 hours' notice is required to verify insurance benefits, for those FFPC offices which offer verification.

### **13. Payment in full is due at the time that services are rendered:**

- Co-pays and any outstanding balances are due upon arrival for your appointment. Failure to produce payment at check-in may result in your appointment being rescheduled.
- If you receive more than one type of service on the same day, you may be responsible for more than one co-pay or the balance for the additional service, depending on your insurance plan (i.e., well exam and a routine/sick visit).
- Any amount not covered by the insured's/patient's insurance is due upon receipt of the bill.
- As a courtesy to our patients, we gladly accept cash, check, money order, Visa, MasterCard, Discover, American Express and online payments through our website.
- Failure to pay balances may result in discharge from the practice and all other FFPC offices.

### **14. Self-Pay Patients:**

- Upon request, we will provide you with an estimate of the cost of the visit; payment is due at the time of service. This may not be the entire balance due, as the final balance is not determined until all services have been reviewed by the billing staff and any laboratory services have been invoiced to FFPC. Thus, you may be sent a bill for any remaining balance.

### **15. Medicare/Medicaid Patients:**

- Please make sure you have a full understanding of your health benefits and what might be your responsibility, if not covered by your insurance plan.

### **16. Additional Paperwork/Forms:**

- Any paperwork needed to be filled out by a provider will result in a charge of up to \$25.00.
- 48 hours' notice is required for all paperwork.

### **17. Children/Minor Patients:**



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- The parent(s) or guardian(s) accompanying a minor is responsible for providing current insurance information for the minor, as well as all associated payments due for any services provided.
- Parent(s) or guardian(s) must have an Authorization for Medical Treatment form signed for times when minors arrive unaccompanied by the parent or guardian for an appointment.

### **Office website addresses:**

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| Broadlands Family Practice at Brambleton | <a href="http://www.BroadlandsFamilyPractice.com">www.BroadlandsFamilyPractice.com</a>       |
| Broadlands Family Practice at Ashburn    | <a href="http://www.BroadlandsFamilyPractice.com">www.BroadlandsFamilyPractice.com</a>       |
| Family Medicine of Clifton Centreville   | <a href="http://www.fmccdoctors.com">www.fmccdoctors.com</a>                                 |
| Herndon Family Medicine                  | <a href="http://www.HerndonFamilyMedicine.com">www.HerndonFamilyMedicine.com</a>             |
| Lorton Station Family Medicine           | <a href="http://www.LortonStationFamilyMedicine.com">www.LortonStationFamilyMedicine.com</a> |
| Prince William Family Medicine           | <a href="http://www.PrinceWilliamFamilyMedicine.com">www.PrinceWilliamFamilyMedicine.com</a> |
| Stone Springs Family Medicine            | <a href="http://www.StoneSpringsFamilyMedicine.com">www.StoneSpringsFamilyMedicine.com</a>   |
| Town Center Family Medicine              | <a href="http://www.TownCenterFamilyMedicine.com">www.TownCenterFamilyMedicine.com</a>       |
| Vienna Family Medicine                   | <a href="http://www.ViennaFamilyMedicine.com">www.ViennaFamilyMedicine.com</a>               |