

Fairfax OBGYN Associates, Inc.
Obstetrics, Gynecology and Infertility

A Friendly Notice to Our Patients Regarding Our Office Policies

Appointment Scheduling: We will try our best to schedule your appointment at the most convenient time possible. As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive early for their appointment. If you arrive late, your appointment may have to be rescheduled. There is a \$50.00 fee for missed appointments. To avoid this fee, please call 24 hours in advance.

Lab Work: Please allow our office to contact you with laboratory results. We will not contact you for normal results. To view your lab results online, please set up a patient portal account. Please be aware that you may receive a separate bill from the laboratory for analyzing your pap smear, biopsies, or other blood work for any financial responsibility beyond your insurance coverage (including co-payments or deductibles), or if you do not have insurance. Any questions about these bills should be directed to the lab or to your insurer. Our office staff cannot provide information on behalf of the laboratory or your insurer regarding coverage or billing issues.

Forms and Letters: Because of the volume of paperwork associated with managed care, our office must charge a \$15 fee for form completion and custom letters. Please allow 7-10 days for the form/letter.

Medical Records: We charge a \$10 processing fee plus \$.50 per page for copying medical records.

Returned Checks: If a check is returned, you will be responsible for a \$75.00 returned check fee.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you maximize your benefits.

Medicare Patients: If you go to your primary care for a wellness visit, it may affect how your services at this office will be billed. Please let us know if you do so and we will flag your account so that we only bill a pap smear code for your visit. If you do not tell us, then your primary care visit may be denied. If the provider does more than a pap smear you may be billed for an office visit. Please initial here

HIPAA: We are a HIPAA compliant office. If you feel that your privacy may have been compromised, please do not hesitate to contact us. A copy of our Notice of Privacy Practices is available to you.

HIV Consent: Pursuant to Virginia law, health care providers are permitted to test their patients for HIV antibodies, Hepatitis B and Hepatitis C when a health care worker is exposed to the blood or body fluids of a patient which may transmit HIV, the virus which causes AIDS, or Hepatitis B. In the event of such exposure, you will be deemed to have consented to such testing and to have consented to the release of test results to the exposed worker. Except in emergencies, you will be informed before any of your blood is tested for HIV antibodies, Hepatitis B or Hepatitis C. You will be provided with the test results and appropriate counseling. Test results, if positive, are required by law to be reported to the Virginia Department of Health.

I have read and understand the above information.

Printed Name

Date

Signature