FAIRFAX COLON & RECTAL SURGERY, PC

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OFFICE VISIT POLICIES

ARRIVAL TIME AND PAPERWORK: Please arrive 15 minutes before your scheduled appointment time in order to complete the paperwork necessary for your visit. Updating paperwork is required for every visit to the office, and this will help us keep to scheduled appointment times. You will need to have your insurance card and a government issued photo ID available for every visit. Registration paperwork can be found on our website on the Registration & Policy Forms link, and submitted in advance of your appointment to speed your check in process.

SCHEDULING/MISSED APPOINTMENTS: Missed office appointments are appointments cancelled with less than 24 hours-notice and will incur a $50 charge. Missed ARPS appointments cancelled with less than 24 hours-notice will incur a $100 charge. Missed procedures/surgical appointments with less than a 7 day notice of cancellation will incur a $200.00 charge. Abusive missed appointments may result in your dismissal as a patient. Emergency situations may arise that result in the physician being called away to the operating room. As a result, your appointment may need to be rescheduled. In these situations, you will not be charged a cancellation fee.

MEDICAL RECORDS: To obtain copies of your medical records you must sign a Medical Release form. There is a $10.00 processing fee, plus $0.50/page. These fees, set forth by Virginia State law, must be paid in full before your request can be processed. Please allow up to two weeks for processing.

FORMS, LETTERS, REPORTS: Disability, workman's compensation, etc… The fee for completion of these items is $35.00. All fees must be paid in full before the forms can be produced. Please allow at least one week for processing.

PRESCRIPTIONS: If for any reason your prescription for medication, CT Scan, MRI, PET scan, etc., needs to be rewritten there will be a $10.00 charge for a replacement to be called in or faxed to a pharmacy or radiologist, or mailed to you. Please utilize our website www.fairfaxcolorectal.com for prescription refills.

FINANCIAL RESPONSIBILTY: Please note, because the insurance policy is an agreement between the insured and the insurance company, we expect all patients or their guardian to be fully responsible for knowledge of your insurance benefits, as well as fully and directly responsible for all charges regardless of insurance coverage. Please be assured that we will do everything possible to see that you receive your full benefits in a timely manner. **If your insurance company has not paid their portion of your bill within 60 days, you will be responsible for full payment at that time.**

OFFICE PROCEDURES:
Because we are colorectal specialists it is very likely that at your office visit we will perform a diagnostic procedure to assist us in diagnosing your medical condition, including an anoscopy, proctoscopy, and/or a flexible sigmoidoscopy: Your insurance carrier may define them as a "surgical procedure" and your explanation of benefits may reflect their use of this term. Additionally, your insurance carrier may charge an additional copayment or deductible for these procedures.

OUTSTANDING BILLS AND COLLECTIONS: I understand that there will be a 5% late fee for balances not paid when due (within 30 days of the first statement date) unless other arrangements have been made. In addition, in the event my account becomes past due (over 30 days) and arrangements for payment have not been made, my account may be placed for collection. I also understand that I will be responsible for all costs of collection including agency fees, court cost and/or attorney fees.

INSURANCE: COPAY, DEDUCTIBLE AND COINSURANCE: Where we have a participating agreement with your insurance company, we will expect your estimated co-payment and/or co-insurance at the time of treatment. We may also request that you pay any outstanding deductible. Contracts with insurance companies do not permit the waiver of these fees under any circumstances. If we do not participate with your insurance company, as a courtesy we will your claim for you, however, you will be responsible for all charges not covered by insurance. If you do not have insurance, payment in full is due at the time of treatment.

UNANTICIPATED LAB TESTS: In the unlikely event that an occurrence in the office that is not in furtherance of your exam, procedure or treatment requires that we submit blood samples to a lab for testing, we will submit the charges for such testing to your insurance carrier for payment but will not hold you responsible for any amounts not covered.

RETURNED CHECK FEE: You will be assessed a $ 35.00 Returned Check Fee for insufficient funds or closed accounts.