



Welcome to Physicians & Midwives. We at Physicians & Midwives are dedicated to rendering the best medical care possible to our patients.

For your convenience, we have listed some of our practice policies. You will be given a copy for your records. Please sign this form indicating your receipt of a copy.

Insurance information:

If you have insurance, we will file your claim, but we must have accurate insurance information at the time of your visit. Claims that are denied for payment because of incorrect insurance information will become the responsibility of the patient. It is very important to let us know immediately of any change in your insurance information.

Per your insurance company, your co-pay must be paid at the time services are rendered.

We do send statements for balances not paid by your insurance company. If you receive a statement and have questions, please call the Billing Office at 703-490-9620. We are always happy to answer questions or help you make arrangements to pay your balance. Should it be necessary to turn over your account for non-payment, you will be responsible for all fees associated and late fees.

Medicare:

Medicare will not pay for annual exams. Medicare will pay for a screening pelvic exam, clinical breast exam and obtaining of a pap smear every two years. All costs not reimbursed by Medicare will be the patient's responsibility.

Appointments:

Our phones are on 24 hours a day. When the office is not open, we have an answering service. If for any reason you have difficulty reaching the office, please dial the answering service directly by calling 703-558-0851 and press "0" for the operator.

Office phones are generally on from 8:30am-5:00pm Monday-Wednesday, and 7:30am-4pm on Tuesday-Thursday-Friday. At times, the phones will be turned over to the answering service during the day i.e. staff meeting, etc.

Please give 24-hour notice if you need to cancel your appointment. Please call before you come for an appointment when we are experiencing bad weather (ice, snow, etc.). Generally, we are closed if the Federal Government is closed but we do reserve the right to close when we feel it is necessary for the safety of our employees and patients.

Annual Well Woman Exam Appointments:

More specific health concerns may not be covered by your insurance as part of your Annual Well Woman Exam. These are concerns that would normally prompt you to schedule an appointment if you were not scheduled for your annual. If time permits, some of these concerns may be addressed at the time of your annual; however, it may be appropriate, according to your insurance guidelines, to generate a charge for an office visit, which would include a co-pay, coinsurance/deductible. If time does not permit, we can schedule a separate appointment.

No Show Policy: If you fail to show up for a scheduled appointment, a **\$50.00** no show fee will be charged to you for regular appointments.

Test Results:

Patient results are delivered by phone or via portal. This includes tests performed in the office or ordered by this office. You are of course welcome to call for test results but please consider the following schedule:

Blood tests require 7 – 10 working days for results.

Pap Smears require 3 – 4 weeks.

Pathology (biopsies) done here or at the hospital require 14 days.

Sonography:

In order to render the proper diagnosis, you may need a transabdominal view and transvaginal view. If both views are needed, you will see two separate charges listed on your statement.

Prescriptions:

We ask that the pharmacy fax all refill requests. Mail order prescriptions can be picked up at the office.

Forms and Medical Records:

We will gladly complete any forms you require i.e. disability, return to work, etc. There will be a \$15.00 fee for completion of FMLA and disability forms. The timeline for completion is 7-10 business days.

The medical records copy fee is \$25.00 with a 2-week turnaround time.

This is a summary of our policies; please do not hesitate to contact us with any questions or concerns.

Print _____

Signature _____ Date _____