

Rappahannock Family Physicians

Policies and Procedures Agreement

Prescription Medication Refill Policy:

- Prescription refills are processed Monday-Friday (9:00 am to 4:00 pm).
- Contact your pharmacy for all refills needed. Controlled substances will need to be filled by notifying the office, via the patient portal.
- Please allow 48 hours to process your request. Contact your pharmacy after 48 hours to confirm that refill has been processed.
- New prescriptions and/or new problems or symptoms require a clinic appointment.

Walk In Clinic: Our Fredericksburg office is home to our walk-in clinic where we can see you without an appointment for acute illnesses, such as a cold, ear infection, pink eye, minor injuries and more. Our walk-in clinic hours are Monday – Friday 8:00 am – 4:30 pm. Existing patients only.

On Call Physician

Patient Information and Insurance Cards: Your personal information and insurance card are an important part of your medical record. It is your responsibility to make sure that you update this information at each visit to keep your record current and up to date. While this may seem inconvenient, it is necessary to insure claims are processed correctly.

Late Policy: Every effort is made to keep our physicians' schedules on time; therefore, if you are more than 15 minutes late we can not guarantee that you will be seen immediately, but we will do our best to work you in to the schedule as time permits. If all the physicians' schedules are full you will be asked to reschedule your appointment to a later date.

Missed/Cancelled Appointments or Procedures: Every effort is made to accommodate our patient's request for appointments or procedures; therefore, it is important that you make every effort to keep you scheduled appointments. No shows and appointments cancelled within 24 hours will be subject to a fee of \$50.00. Please be advised that multiple missed appointments may result in dismissal from our practice.

Forms: This is a non-insurance covered service which requires time from administrative and nursing staff as well as the doctors. A fee of \$30.00 will be charged for the completion of forms and/or for the writing of letters. The fee is due at the time of the request. Please allow 7-10 business days to complete your request.

Payment for Services for Patients with Insurance: According to your health insurance plan you are responsible for paying your co-payment at the time of service. Co-pays that are not paid at the time of service will be billed with an additional \$5.00 fee. This fee is necessary to cover administrative and supply costs associated with billing co-pays.

Non-Contracted Insurance Plans: If we are not participating with your insurance, such as the Anthem Healthkeepers policy, payment is due at the time of the visit. We do not submit claims to insurance plans we are not contracted with.

Payment for Services for Patients without Insurance: You will be responsible for payment by cash, check or credit card on the day of service. If you are not able to pay in full at the time of service, you will need to contact

our billing office prior to your appointment, payment plans may be available. Our practice does offer discounts when the payment in full is received at the time of service. Failure to pay for services may result in dismissal from our practice.

Balances and deductibles: It is our responsibility, as detailed by the terms of our contracts with the health insurance companies that we participate with, to bill you for any portion of your treatment that your health insurance carrier assigns as your responsibility. It is your responsibility to pay this portion of your bill. If you do not remit full payment (or call us to set up a payment plan) on any such bills within a reasonable period and with reasonable notice, your account may be sent to collections and subject to collection fees. If you are having difficulty meeting medical bills, please let us know and we will be happy to help you by setting up a payment plan. There will be a \$5 convenience fee added each month for accounts on payment plans, subject to change. We encourage you to contact our billing office via phone at (540) 374-5097, or via email at billing@rappfamilyphysicians.com, with any questions or concerns. Failure to address your financial obligations with us may result in dismissal from our practice.

Inclement Weather: We do our best to ensure that we are here for patient care. However, if we feel the roads are not safe due to weather conditions, we will make the appropriate decisions necessary to either close our office, open late or cancel evening clinic. We will do the best that we can to contact patients, if information is available to our staff. We will do our best to update our website and our Facebook page.

Privacy Practice: To obtain a copy of our Privacy Practice, please contact our Privacy Officer at 540-374-5200.

Returned Checks: There is a fee of \$50.00 fee for any check returned by your bank.

I have read, understand, accept and agree to comply with all of the above polices.

I authorize treatment of and agree to pay all fees and charges for such treatment. I agree to pay all charges promptly upon presentment thereof. I hereby authorize the release of any pertinent information to my insurance company. I acknowledge that payments will not be delayed or withheld due to insurance coverage or pending claims. I acknowledge that all proceeds of insurance are assigned to Rappahannock Family Physicians where applicable and that Rappahannock Family Physicians assumes no responsibility for the collection of any proceeds of insurance.

PATIENT SIGNATURE: _____ DATE: _____
Signature is required, stating that you have received a copy of our policy and procedures.

PRINTED NAME: _____
Signature is required, stating that you have received a copy of our policy and procedures.