

OFFICE POLICIES

1. All new patients are required to complete the new patient application. This information assists with matching your case to the most appropriate provider and ensuring insurance coverage of services
2. This office is compliant with the Health Insurance Portability and Accountability Act (HIPAA). Copies of HIPAA privacy regulations are posted in the office. Additional copies can be provided upon request.
3. **Please provide a copy of your picture ID and Insurance Card, (FRONT AND BACK).** Our staff can make a copy of these cards at the time of your first appointment or you are able to email the images (front and back) along with your new patient application. If your current photo ID and insurance addresses do not match, please provide a piece of mail with the name of the patient (or guardian) and current address
4. It is required by the office for all patients to include their Social Security Number for payment of claims. Without provided social security numbers, the patient will be responsible for the respective fees and all fees will be required to be paid in advance of services
5. I authorize any holder of my records to release my medical information to the Health Care Financing Administration and its agents in order to determine benefits payable for related services
6. All billable claims that are not accepted by insurance providers are the responsibility of the patient, so please update your information as soon as possible if changes are made. In the event of default by the patient or guarantor, a 33 and 1/3% attorney's/collection fee may be applied
7. A Primary Care Physician form will be provided, which allows the patient the opportunity to designate if they would like clinicians of NPA to be able to communicate with their active Primary Care Physician. Please provide the name, phone number, and address of the PCP if communication between the offices is desired. The patient may sign to decline this option, in which case the PCP does not need to be identified
8. Please list any medications to which the patient may be allergic, as specified in the new patient paperwork. This information is potentially vital to avoid significant medication complications.
9. Medication Refills Policy- Patients requesting a refill of medications without an appointment can be charged \$30 to have the medication called into a pharmacy or to have additional prescriptions written on their behalf. Attending physicians will determine if provision of a prescription is appropriate without an appointment. Refills can take up to 72 hours to process so please call as soon as possible.
10. The office will be accessing the Virginia Prescription Monitoring Program due to the nature of some medications that are prescribed
11. Attendance policy – All patients are required to attend their scheduled appointments. If you wish to change or cancel an appointment, please **provide at least 24 hours' notice** in order to avoid potential cancellation or missed appointment fees. Reminder phone calls are provided as a courtesy, but it remains the responsibility of the patient to attend their scheduled appointment, even if a message is unable to be left. Clinicians can charge up to the full cost of the reserved appointment if a patient does not attend.
Insurance policies do not cover late cancellation or missed appointment fees
12. All patients are required to pay any potential copayments at the time of the appointment
13. Charges may apply if the patient is requesting additional documentation, letters, or forms to be completed by the attending clinician.

Paperwork may be submitted via email to npanewpatient@gmail.com, mailed to our office, or faxed to our office at 757-461-8363

I have read, understand, and agree to the office policies outlined above.

PATIENT SIGNATURE _____

DATE _____