



3025 Hamaker Court • Suite 400 • Fairfax VA 22031  
Phone (703) 873•7425 Fax (703) 873•7426 Email: info@novaendocenter.com  
[www.novaendocenter.com](http://www.novaendocenter.com)

## OFFICE POLICY AND PROCEDURES

Thank you for choosing us as your Endocrinologist. We are committed to providing you with the best possible health care. The following policies and procedures are intended to help us serve you better.

### Website

General information about our practices including directions, office hours and closures, and patient forms are available through our website. Please visit <http://www.novaendocenter.com> before your next visit.

### Consultations and follow up visits

At the Endocrine Center, there may be different providers assigned for your initial evaluation. Our Nurse Practitioner provides an extensive baseline assessment, and includes a medical history, physical examination, and laboratory work if necessary.

**Follow up patients can alternate between the physician and nurse practitioner depending on the complexity of the case.** In follow up visits, we will review and interpret your test results and develop a personalized clinical plan. Please note that if the provider determines that an office visit is required to discuss a therapeutic plan, your lab results will not be provided prior to the visit. A copy of the test results is always given to the patient at the visit.

### Confirmation, Timely Arrival, Cancellation and Missed Appointments

Our office staff works diligently to accommodate your schedule when offering appointment dates and times. **We will confirm your appointment at least within 48 hours prior to the visit. If no confirmation is made either by phone, text message or email, then the appointment will be cancelled.** When arriving to your appointment, if you are more than 15 minutes late, your appointment may be rescheduled. We request that if you must cancel your appointment, you kindly provide us **at least 24 business hours notice.** Appointments canceled or rescheduled within the same day of the service without a special and unavoidable circumstance, will be subjected to the **cancellation fees below:**

- **Office follow up appointments \$50**
- **New patient consultation \$100**

As allowed by the state law, you may be discharged from the practice after three (3) no-shows in a 12 consecutive months period.

### Payment Options

Our office accepts payments by debit or credit cards (VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVERY), checks and cash for the services rendered. Payment is due on the day of service. If you need an itemize bill, we will be able to provide it upon your request.

### Insurance Information

We accept most insurance plans, however we cannot guarantee that services (consultations, office visits, laboratory or diagnostic testing, etc.) will be reimbursed by your health insurance. There are many factors that determine an exact cost or even an estimate on how much you may have to pay. We can provide you with diagnosis and procedure codes so you may inquire with

your health insurance about their reimbursement rates. We also offer payment plan options for self-insured patients (paying out of pocket). If the doctor participates with your insurance company, when filling a claim, we will make sure that the information submitted to the insurance company is accurate and clearly describes the services that you have received during the office visit. We will work with your insurance to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy.

**You MUST provide a valid insurance card at the time of the visit.** When applicable, **the patient is responsible for all co-payments; deductibles or co-insurance amounts at the time services are rendered.** It will be your responsibility, as the holder of the insurance policy, to understand and know your benefits and limitations. If your carrier denies coverage for a claim, you will be responsible for the balance, subject only to any restrictions imposed by law or contract. It will be also your responsibility to determine whether your policy requires a physician that is within network and to have an up to date referral, when required. **Should you choose to receive services without the required referral, you will be held responsible for any charges incurred.** If our office does not participate with your insurance company, you must make payment in full at the time services are rendered with **No Exceptions.** This also applies to self-pay patients.

### Secondary Insurance

Our office does not submit claims to secondary insurance if the secondary insurance does not accept electronic claims. **You should call your secondary insurance carrier and set up "automatic crossover"** so that your primary insurance company sends your claim directly to your secondary insurance company. Once automatic crossover is set up, your secondary insurance company should make payment directly to this office and we will not bill you for the balance. Otherwise, you will be responsible for the balance. Patients with Medicare as their primary insurance should call 1800-633-4227 to determine if they are already set up for automatic crossover.

### Payment Policies

Any balance for non-covered services are due within 30 days of the insurance payment or denial and will become your responsibility. **Any balances that remain unpaid after 90 days from the service date, and are not subject to payment arrangements; the account will be evaluated and turned over to a collection agency or attorney for handling.** Possible actions may include credit reporting and/or legal pursuit of payment. If your account is turned over to a collections agency, **you will be responsible for any fees imposed by the collections agency to collect your account.** As these fees can be in excess of *fifty percent (50%)* of the outstanding balance, please be sure to pay your balance promptly

### Other Fees

Co-pay not made at the time of the service	\$10	Medical record processing fee	\$25+
Returned check/stop payment	\$30	Forms (driver license applications)	\$35

**The Endocrine Center reserves the right to change the office policy and procedures at any time and without notification. An updated form will be available upon your request.**

### Certification

I have acknowledged that I have read and fully understand the above financial office policy. I understand and fully accept the terms herein. I agree that a photocopy of this agreement shall be valid as the original. This authorization shall remain valid until revoked in writing.

\_\_\_\_\_  
Signature of Patient/Patient's representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person signing above