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Patient Responsibilities & Office Policies

(revised 6/2008)

- ❖ If you are a new patient, please arrive at least 30 minutes before your scheduled appointment (as a new patient) to complete the necessary paperwork.
- ❖ Notify us of any changes in your address or Insurance Information **at the time** of the change.
- ❖ Know your insurance policy. Every policy has its own rules and regulations. It is in your best interest to know what your benefits are, and if referrals are required. If you come without getting proper referrals, you understand that this means, you become responsible for this service.
- ❖ Please fill out our registration, insurance and medical history forms **completely and as thoroughly** as possible. Unfortunately, **we cannot** see you without these being completed. Due to the HIPPA Privacy Laws, we require your social security number and the subscriber's.
- ❖ We order tests that are medically necessary. It is your responsibility to know what tests your insurance policy covers and does not cover. (This includes all lab and radiology tests). Your office visit **does not** include the costs of lab or additional procedures (I.e. ultrasound)
- ❖ All appointments must be scheduled in advance. There will be a **\$50.00** fee for missed appointments. To avoid this fee please call at least **24** hours in advance to cancel or reschedule. We realize time is a valuable commodity, both for you and for the doctor.
When you schedule an appointment, we try to remind you at least 48 hours in advance. We do understand that certain emergencies can arise. However, we ask that you schedule an appointment for a time in which you are confident you can make, so that you may avoid our \$50.00 broken appointment fee.
- ❖ Copayments must be made at the time services are rendered. Co-payments are required for lab work, ultrasound and for nursing medication administration visits.
- ❖ There is a fee for copying medical records. It is a **\$10.00** processing fee plus \$0.50 per page. Records may take up to **14** days to make sure your release form is submitted in the appropriate time frame.
- ❖ There is a **\$50.00** fee on all returned checks.
- ❖ Please be advised that we will notify you by mail of test results. Test results that require additional testing or that are abnormal **will require** a consultation appointment to discuss the results. To protect your confidentiality, results **WILL NOT** be discussed over the telephone.
- ❖ When calling the office with a medical problem, question(s), reaction to medication or to request a change of medication, please leave a detailed message of the nature of your concern and it will be relayed to the doctor. You will receive a call back from the doctor's assistant within 24 hours (for problems deemed nonemergency) with the doctor's recommendations. If you need to speak to the doctor personally, an appointment will be necessary and usually can be arranged within 24-48 hours.
- ❖ When needing a prescription refill of any kind, we will require 48 hours from the time of your call to process your request. A fee of \$15.00 will be billed to you for any prescription(s) that you may need rewritten or recalled into the pharmacy for any reason (example: If you require the prescription to be rewritten for mail-in pharmacy, lost prescriptions or re-called in after one has been issued at a scheduled appointment).
- ❖ A **\$25.00** charge will be billed for any letters or notes to be excused from work or any other activities due to medical necessity, and to include types of disability forms, or preauthorization letters requested by your insurance for certain prescription or service(s) coverage. Two page or longer forms will be \$15.00 per page.

I, _____ have read, understand, and accept the above policies
(Please print clearly)

Patient's signature: _____

Date: _____

Thank you in advance for your cooperation and understanding.