

Primary Health Group Chippenham is dedicated to making your experience here a good one. Please initial the following policies we have in place in order for us to concentrate on giving you the best care possible:

(Initial)_____ If an authorization is needed for an office visit with a specialist, it is the patient's responsibility to obtain this from their primary care physician. Failure to obtain an authorization before your scheduled appointment could result in payment denial from the insurance company and this would result in becoming patient responsibility.

(Initial)_____ As allowed under Virginia State Law, there is a medical record fee for copying of all medical records. The charge is as follows: \$.50 a page for the first 50 pages and \$.25 thereafter.

(Initial)_____ We require 24 hours' notice for any cancellation. Failure to give this notice 3 times may result in discharge from the practice.

(Initial)_____ Forms that need to be filled out without an office visit will be charged a \$20.00 form fee to allow the physician to appropriately review the patients chart and fill out the form correctly. This will be collected up front.

(Initial)_____ Our office participates with the Virginia Prescription Monitoring Program for all Controlled Substances. We may access information in the program files on all Schedule II, III, or IV prescriptions dispensed to a patient.

(Initial)_____ It is the responsibility of the patient or guarantor to make sure Primary Health Group Chippenham has the correct Insurance Information on file and that we are the patient's PCP. Failure of payment from your insurance company will result in patient billing and responsibility.

Date _____ Signature _____