



Sree L. Gogineni, MD & Lauren Naughton, MS, PA-C

Ph: (703)255-6010 Fax: (703)255-6011

2235 Cedar Ln #302
Vienna, VA 22182

44121 Harry Byrd Hwy #250
Ashburn, VA 20147

2010 B Opitz Blvd
Woodbridge, VA 20191

OFFICE POLICIES AND PATIENT PRIVACY CONSENT

PATIENT BALANCES

All patient balances, including co-pays, deductibles, co-insurance, and self-pays are due prior to your visit. We reserve the right to cancel your appointment if your balance is not up to date.

INSURANCE CARDS AND IDENTIFICATION

All patients are required to provide their updated insurance card and identification prior to your appointment.

It is also your responsibility to bring all insurance cards and identification with you for each visit and present it to the front office to make a copy for your records.

APPOINTMENTS

In scheduling appointments, it is our intent to see you as soon as possible, given the constraints of our mutual schedules. Our staff will offer you the first available appointment and will ask you some basic questions. Our staff will make every effort to accommodate requests. We will make every effort to see you on time at your scheduled visit, however, to avoid delaying other patients; individuals arriving early for their appointments may not be taken until their scheduled time. Please be aware that emergencies do arise which might delay your scheduled appointment. You will receive a call reminding you of your appointment time. Please call us back if you need to change the time of your appointment to avoid any missed appointment charges.

BILLING INQUIRIES

Please call (703) 831-4222 for all billing questions. Our billing office staff will make every attempt to assist you at the time of your call. To facilitate their efforts, please have the necessary information available that you wish to discuss.

COMPLETION OF FORMS

We will be happy to complete attending physician's statement, insurance, and disability forms for our patients. The patient is responsible for payment of any fee prior to completion of the forms. **Please allow 10-14 business days for completion of forms.**



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PRESCRIPTION REFILLS

All prescription refills must be completed at the time of your appointment. We do not refill medications by phone or automated pharmacy. Your provider will prescribe enough medication until your next follow up appointment. If you are prescribed a medication requiring more frequent office visits you must be up to date with your visits to receive a prescription refill. It will be necessary for you to schedule an office visit for your prescription to be renewed. Patients are instructed to schedule their doctor visits before running out of medicine and have all needed prescriptions before leaving the office at the time of their appointments.

CLINICAL PHONE CALLS

To avoid disrupting the daily patient flow, please choose the appropriate phone option and follow the instructions for a return call from the office staff. Please indicate where you may be reached during the day or whether we have permission to leave a message at the number provided. Messages are retrieved throughout the business day. Urgent requests are handled as soon as possible. All other calls requiring follow up will be returned before the end of the next business day.

FINANCIAL POLICY

We require all of our patients to pay their portion of payment for services rendered including co-pay, co-insurance, and deductible. Payments may be made in the form of cash, check, MasterCard and Visa. Please be aware that current federal regulations require us to collect all co-pays and bill for all services rendered.

TEST RESULTS

Results are generally received in our office within 7-10 days after tests have been performed. Our providers review all reports, and you will be notified of the results.

REFERRALS

For those plans requiring referrals to specialty physicians, you must first receive authorization from your provider who is your designated primary care provider (PCP). To request a referral, please call the office at (703) 255-6010. If you have not been seen by your treating provider within the past six (6) months for the condition necessitating the referral, you will need to schedule an office visit prior to receiving the referral. It is patient's responsibility to inform office if a referral is required before seeing the specialist. It generally takes 2-3 business days to obtain it from the insurance.



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MEDICAL RECORDS

Original records are the property of the Practice and will not be released. Per federal regulations, we require a signed Release of Medical Records form prior to processing of requests. Medical records will not be faxed. Pursuant to Virginia Code subsection B of 8.01-413, there will be charges surrounding duplication of records in the amount of \$0.50 per page for up to 50 pages and \$0.25 per page thereafter, plus all postage/shipping costs, and an administrative fee of \$10.00. We require payment in advance. Processing will be completed within 15 days from the date we receive your signed authorization and payment. Urgent requests will be treated as such.

DELINQUENT ACCOUNTS

We reserve the right to add reasonable interest and collection charges to any account over 45 days past due. Interest of 1.5% will be added on (for each month) if the balance is not paid in full within 45 days.

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Capital Area Internal Medicine for any services rendered. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Co-insurance and the deductible are based upon the charge determination of the Medicare carrier.

YOUR INSURANCE

We will be happy to bill your insurance carrier for you. Please note that we **do not take assignment on auto-related claims** or insurance carriers that we do not participate in. If your insurance requires a referral, it is **required** that **you have your referral with you at the time of service**. It is your responsibility to ensure that **your referral is current**. Co-payments/co-insurance is due at the time of service. In the event your health plan determines a service to be "not covered" or it has been over sixty (45) days with no payment from your insurance; then you will be responsible for the complete charge. In that event, we will bill you, and **payment is due upon receipt of that statement**.

I agree and understand that any funds I receive from my insurance company in connection with medical services and care rendered by Provider will be immediately signed over and sent directly to Provider. This is a direct assignment of my rights and benefits under my medical policy/plan. This payment will not exceed my indebtedness to Provider, and I agree to pay, in a timely manner, any balance of professional service charges over and above the payments made to Provider pursuant to this assignment of benefits.



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MINOR PATIENTS
For all services rendered to minor patients, the adult accompanying the patient is responsible for payment

CANCELLATIONS
We require a twenty-four (24) hour notice for all cancellations; otherwise, there will be a \$30 charge. Work-related cancellations are not excused cancellations, and you will incur a charge.

RETURNED CHECK
It is our office policy to charge a fee of <u>\$35.00 for any returned checks.</u>



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PRIVACY PRACTICES AND CONSENT

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Please review this notice carefully. It describes how your health information may be used or disclosed.

A. Our commitment to your privacy – We are committed to maintaining your privacy. We will create records of your health information and the treatment and services we provide to you. We are required by law to maintain your privacy and to notify you of our legal duties and privacy policies. We reserve the right to revise or amend this Notice of Privacy Practices - the revised or amended notice will apply to all records created in the past or future. We will post a copy of our current notice in a visible location, and you may request a copy of our current notice at any time.

B. We may use and disclose your individually identifiable health information (IIHI) in the following ways:

- a) Treatment: We may use and disclose your IIHI to treat you, by having laboratory or radiology tests done to make a diagnosis or to order medication for you. People who work for our practice may use your IIHI to assist in your treatment.
- b) Payment: We may use and disclose your IIHI to bill and collect payment for our service to you. We may contact your insurance company to check benefits and pre-certify a treatment. We may use and disclose your IIHI to bill you or family members for your services.
- c) Health care operations: We may use and disclose your IIHI to evaluate our quality of care or our business operation.
- d) Appointment Reminders: We may use and disclose your IIHI to remind you of appointments.
- e) Release of information to family/friends: We may release your IIHI to family or friends who are involved in your care (with your permission).
- f) Disclosures Required by Law: We will use and disclose your IIHI when we are required to do so by federal, state, or local law.

C. Use and Disclosure of your IIHI in Special Circumstances

- a) Public Health: We may disclose your IIHI to public health authorities for:
 - i) Vital record- birth and death
 - ii) Reporting child abuse or domestic abuse (with the victim's permission)
 - iii) Preventing or controlling disease or injury (including communicable disease)



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- b) **Health Oversight Activities:** These include investigations, inspections, audits, surveys: civil, administrative, and criminal procedures and actions: and other activities needed for compliance with government programs, civil rights law, etc.
- c) **Lawsuits and Similar Proceedings:** We may use and disclose your IIHI as requested by a court administrative or other lawful order. We will make an effort to inform you of the request.
- d) **Law Enforcement:** We may release your IIHI if asked by a law enforcement official
 - i) To investigate a crime
 - ii) In response to a warrant, summons, court order, subpoena, etc.
- e) **Serious Threats to Health or Safety:** of an individual or the public.
- f) **Military:** We may disclose your IIHI if required by the appropriate authorities.
- g) **National Security:** We may disclose your IIHI to federal officials authorized by law.
- h) **Workers Compensations:** We may release your IIHI for these programs.

I hereby give my consent for Capital Area Internal Medicine to use and disclose my IIHI as outlined above to carry out treatment, payment, and health care operations (HCO).

With this consent, Capital Area Internal Medicine, may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the proactive in carrying out HCO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care.

With this consent, Capital Area Internal Medicine may mail to my home or other alternative location any items that assist the practice in carrying out HCO, such as appointment reminders and patient statements. I have the right to request that Capital Area Internal Medicine restrict how it uses or discloses to carry out HCO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Capital Area Internal Medicine to use and disclose my IIHI to carry out HCO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Capital Area Internal Medicine may decline to provide treatment to me.



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Updated Policy: 08/16/2022

MEDICATION REFILL POLICY

Capital Area Internal Medicine participates with electronic prescribing directly to your mail order and local pharmacies. Our goal is to assist patients with prescription requests in an efficient and timely manner. However, due to the volume of prescription requests, we have created the following guidelines to help meet these goals.

Capital Area Internal Medicine is no longer accepting medication refill requests by phone. All medication refill requests now require a follow-up appointment with one of our providers, at which time, your refill request will be submitted.

1. Prescription refills require close monitoring by your provider to ensure their safety and effectiveness. Your provider will prescribe the appropriate number of prescription refills to last until your next scheduled appointment. Generally, when you are down to zero refills, it is time to schedule a follow-up appointment. We prefer that you request any refills of your medications at the beginning of your office visit.
2. It is the patient's responsibility to notify the office to schedule a follow-up appointment, in the event you need a medication refill.
3. Patients requesting new prescriptions, or antibiotics must be seen for an appointment. They are not prescribed over the phone because it generally requires an office visit.
4. Refills can only be authorized on medication prescribed by providers from our office. We will not refill medications prescribed by other providers.
5. Some medications require prior authorization. Depending on your insurance, this process may involve several steps by both your pharmacy and your provider. The providers and pharmacies are familiar with this process and will handle the prior authorization as quickly as possible. Only your pharmacy is notified of the approval status. Neither the pharmacy nor the provider can guarantee that your insurance company will approve the medication. Please check with your pharmacy or your insurance company for updates.
6. It is important to keep your scheduled appointment to ensure that you receive timely refills. Repeated no-shows or cancellations will result in a denial of refills.
7. If you have any questions regarding medications, please discuss these during your appointment. If for any reason you feel your medication needs to be adjusted or changed, please contact us immediately.

I understand that Capital Area Internal Medicine will not take medication refill requests by telephone or by automated pharmacy refill requests. All medication refill requests require a follow-up appointment, at which time your medication refill request will be submitted.