



CAPITAL WOMEN'S CARE FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we will assist in obtaining your maximum allowable benefits. Please remember you medical insurance is a contract between you and your medical insurance company & we can not guaranty payment. If there are services that we have provided and your insurance company deems them non covered services & determines that it is the patient responsibility, you will receive a statement from our billing company once we have received this information from your insurance company. You are responsible for all deductibles, co-payments, & co-insurance.

ANY BILLING QUESTIONS SHOULD BE DIRECTED TO CAPITAL WOMEN'S CARE BILLING OFFICE AT 1-800-924-0066.

Self Pay Patients

Payment for services rendered is due at the time of visit.

Administrative Fees

Returned Check: \$35.00

Appointments not canceled or rescheduled within 24 hours of the appointment time: \$35.00

Completion of forms: \$35.00

Replacement of prescriptions or Physician orders: \$35.00

Reminder Calls

As a courtesy to the patient, this office utilizes an automated reminder call service that will attempt to reach you at least 2 days prior to your appointment. It is important to remember this is a courtesy call only for an appointment that you scheduled with us. In the event that the call is not delivered for any reason or a valid cancellation response was not received, you will be charged \$35.00 for an appointment missed or not canceled 24 hours prior to the scheduled time.

Medical Record Policy

VA. CODE SECTION 8.01-413 (2003) A REASONABLE CHARGE MAY BE MADE FOR THE SERVICE OF MAINTAINING, RETRIEVING, REVIEWING AND PREPARING SUCH COPIES. EXCEPT FOR COPIES OF X-RAY PHOTOGRAPH, HOWEVER, SUCH CHARGES SHALL NOT EXCEED:

Fifty cents per page up to fifty pages. Twenty-five cents a page thereafter for copies from paper or other hard copy generated from computerized or other electric storage, or other photograph, mechanical, electronic, imaging or chemical storage process. One dollar per page for copies from microfilm or other micro-graphic process plus all postage and shipping costs and a search and handling fee not to exceed ten dollars.

VA CODES 32.1-137.1:103. HEALTH RECORDS IF AN INDIVIDUAL OR HIS AGENT/ATTORNEY REQUESTS A COPY OF HIS OWN MEDICAL RECORDS, THE HEALTHCARE ENTITY MAY POSE A REASONABLE COST-BASED FEE, WHICH SHALL INCLUDE THE COST OF SUPPLIES FOR AND OR LABOR OF COPAYING THE REQUESTED INFORMATION, AS WELL AS POSTAGE WHERE APPLICABLE.

- .50 PER PAGE UNDER 50 PAGES
- .25 OVER 50 PAGES
- \$5.00 IF RETRIEVED FROM STORAGE
- ALLOW ONE (1) WEEK TO PROCESS REQUEST UPON RECEIPT OF MEDICAL RECORDS RELEASE AUTHORIZATION FORM
- PAYMENT IS DUE UPON RECEIPT OF RECORDS OR PRIOR MAILING

Signature

Date

SPECIALIZING IN OBSTETRICS AND GYNECOLOGY