

Northern Virginia Pediatric Associates, PC

Office Policies

We are honored that you have selected Northern Virginia Pediatric Associates (NVPA) as your child's healthcare provider. Our practice follows the guidelines for immunizations and routine lab tests recommended by the American Academy of Pediatrics. Please refer to our website for details regarding our vaccination policy.

If a child is accompanied by an adult other than a parent or legal guardian, consent form must be authorized by a parent or legal guardian. Patients under 18 years of age should not be present for services unless accompanied by an adult, have a signed authorization on file or in instances where treatment of a minor is allowed by law (Virginia Statute 54.1-2969). Please be aware Quest will not treat a patient under the age of 18 without an adult present.

In fairness to all patients, we ask that you be on time for scheduled appointments. Every effort will be made to accommodate patients who arrive more than 15 minutes late, however, to maintain the flow of patients on time for their appointment, your child may have to wait in the waiting room longer and/or the appointment may need to be rescheduled for another time.

Reminder calls are sent out as a courtesy; however, it is the responsibility of the parent/guardian to remember appointments. Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. **A no-show fee of \$50.00 for well and virtual visits and a \$25.00 fee for sick and recheck visits may be incurred if the appointment is not cancelled at least 24 hours in advance.**

For our patient's convenience, we offer a laboratory on premises. The laboratory is staffed by both our staff and Quest Diagnostics. We bill your insurance company for lab tests that can be run in our office. **Lab tests sent to Quest for processing incur a \$25.00 convenience fee.** Should you wish not to pay this fee, you may go to the laboratory that contracts with your insurance company. Tests processed by Quest are billed to your insurance company by Quest.

One health/camp/sports form can be completed upon request at the patient's annual well visit at no charge. **Form(s) completed outside of a well visit, and each additional form completed, will be charged an administrative fee of \$15.00.** Patient name, DOB and any medication information must be filled in by parent. Allow 5 to 7 business days for completion.

Prescription refill requests other than mental health medications should be called directly into your pharmacy and they in turn will contact us. Refills can also be taken care of during an office visit.

Patients needing mental health medications (ex: ADHD, anxiety, depression, mood disorders) must be seen every month until the proper medication and dose have been established. Thereafter, patients should be seen at least every 3 months and medications may be prescribed for up to 90 days at a time. Patients also need to be seen if there is a change of dose or a change of medication, or if a medicine side effect is suspected.

ADHD and mental health prescriptions outside of a visit are highly discouraged. When necessary, these prescriptions require a request be sent through Keona that includes the medication name and dose, and an administrative fee of \$20.00 will be due. Allow 5 business days for completion. When possible, we will send prescriptions directly to the pharmacy, but when there are supply shortages, prescriptions for those medications must be picked from the office.

All forms required by our office can be found on our website or may be picked up at our office. Referral request forms require 5 to 7 business days for completion. Except for emergency room visits, referrals cannot be backdated.

Test results and records for patients 18 years and older will not be released to anyone other than the patient without a signed release.

Your children are our top priority. So that we may continue to provide each child with the best care possible, we expect that all parties involved communicate regarding all aspects of their child's healthcare. Unless legally restricted, we cannot deny access to either parent regarding patient care or information.

There is a \$30.00 administrative fee for transfer of records. Transfer Request can be found on our website under the patient forms tab. Please allow 5 to 7 business days for the transfer of records.

Insurance and Billing Policies

To ensure insurance and billing are as seamless as possible, we ask that you please read the information below carefully. Should you have any questions, our team will be happy to answer them. You can reach the business office by dialing our main number (703) 532-4446 and selecting option 5.

NVPA follows the guidelines established by the American Academy of Pediatrics for rendering appropriate, quality medical care regardless of the provisions you have with your insurance company. It is the parent/guardian's responsibility to know if we participate with their insurance and to understand their benefit coverage prior to any services being rendered. Any questions regarding participation or coverage should be directed to your insurance company.

Newborns should be added to your insurance after you are discharged from the hospital. Care for your newborn is not covered by your insurance until the baby is officially registered on your plan. Most insurance companies require this to be done before your child is 30 days old.

We will bill participating insurance companies as a courtesy. Guarantor is responsible for all charges processed by their insurance company that are determined to be non-covered services, deductible, coinsurance and/or co-payments. Any questions regarding these balances should be directed to your insurance company.

It is the responsibility of the guarantor to notify our office of changes in insurance and/or demographics in a timely manner. Failure to notify the office of changes may result in claims being denied for timely filing, and unpaid charges will be billed as patient/guarantor responsibility. **Unless otherwise directed, the guarantor will be the insurance policy holder.**

It is a contractual agreement between you and your insurance company to know what your co-payment is and to pay it at the time of service regardless of whether our staff requests it. **Co-payments that are not paid at the time of service will incur a \$10.00 administrative fee.** Any questions regarding your co-payment should be directed to your insurance company.

Self-pay patients are expected to pay in full at the time of service unless prior arrangements have been made.

If we discover an abnormality or address a pre-existing condition during a routine preventative well visit, an additional diagnostic code may be needed, and your insurance company may apply a co-payment or deductible for that portion of the visit.

Calls returned by a provider for patient evaluation/advice may be billed to your insurance based on time required for the call and documentation. Depending on your insurance coverage, you may be responsible for charges for a telehealth visit.

Please be aware that travel visits and travel vaccines may not be covered by insurance and parent/guardian may be responsible for some of or all the charges. Any questions regarding coverage for travel visits and travel vaccines should be directed to your insurance company.

Please do not ignore patient billing statements. If you receive a billing statement from our office, charges have been submitted to, and have been processed by, your insurance company. Although our business office is available to answer any questions you may have, we ask that you please call your insurance company prior to calling our office with questions regarding co-pays, co-insurance, deductibles and/or coverage.

Past due balances more than 90 days with no payment activity or payment plan in place, will be assessed a monthly \$25.00 late fee. Past due balances of \$ 500.00 or more will also incur 6% interest.

Patient account balances more than 90 past due will be required to arrange for payment prior to scheduling a well visit. Past due accounts may also be turned over to our collection agency and the patient may be dismissed from the practice.

We are not contracted with Medicaid, or Medicaid Replacement Plans, and CANNOT see patients that have Medicaid or Medicaid Replacement Plans. If you have Medicaid, or a Medicaid Replacement Plan, or plan to apply for either, you will need to find a provider that accepts Medicaid insurance.

Laboratory Billing and Consent

For our patient's convenience, we offer a laboratory on premises. The laboratory is staffed by both Northern Virginia Pediatric Associates (NVPA) and Quest Diagnostics. Lab tests that can be run in the office are billed to your insurance.

The following tests are run in our office and billed to your insurance with no additional fee applied:

87426 (Covid Antigen Test)	87880 (Strep Test)	81000 (Urinalysis)
87635 (Covid PCR)	87651 (PCR Strep)	87807 (RSV Test)
87637 (PCR, RSV, Flu A&B tests)	87804 (Flu A & B Tests)	82948 (Glucose Blood Strip)
85018 (Hemoglobin)	86308 (Mono Spot)	

Any bill you receive from our office regarding the above tests has been processed by your insurance company as patient responsibility. Any questions regarding this balance should be directed to your insurance company.

An administrative / collection fee of \$25.00 is applied for TC Bilirubin, Newborn Metabolic Screen (not billed to insurance) and all specimens sent to Quest for testing. This fee covers our costs only and enables us to provide our patients with highly skilled pediatric technicians and the convenience of not having to travel to an outside participating lab. Should you wish not to pay this fee, you may go to the laboratory that contracts with your insurance company.

Tests sent to Quest are filed with your insurance company by Quest. Should you receive a bill from Quest and have questions, please call your insurance company or Quest directly.

Should you have any questions or need additional information, please ask one of our staff members for assistance.

Communication Between Caregivers

Our patients are our top priority. So that we may dedicate our time to providing each child with the best care possible, we expect that all parties involved communicate regarding all aspects of their child's healthcare.

- Unless legally restricted, we cannot deny access to either parent regarding patient care or information.
- Due to the volume of calls we receive daily; we are not able to contact any other parent or legal guardian when appointments are made or cancelled.
- We will depend upon the adult present with the child in the office to convey any information to all parents or legal guardians in need of that information.
- If we are contacted by another parent or legal guardian after the visit, we will certainly make every attempt to contact that parent or legal guardian and answer their questions unless we are prohibited from doing so by court order. Given that such communication may take almost as much time as the original appointment, it may increase the charge for the appointment or may incur a separate, additional charge that may not be covered by insurance.
- Any request for office notes, test results, immunizations or other records should be sent via your Keona Account.

Thank you for your understanding and cooperation regarding these expectations.

****Fees and policies are subject to change. Please refer to our website for the most up to date information. Website: www.northernvirginiapediatrics.com**

Please sign and return the following page to reception, thank you.

