Northern Virginia Pediatric Associates, PC

www.northernvirginiapediatrics.com

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*.

COMMUNICATIONS: Follow My Health (FMH) is our secure online communication portal and is to be used for submitting non-urgent questions, prescription refill requests, uploading forms, requesting virtual visits and lab appointments. Additional information and instructions on how to set up an account can be found on our website.

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

CAREGIVER COMMUNICATION POLICY: Your children are our top priority. So that we may dedicate our time to providing each child with the best care possible and with the best interest of the child in mind, we expect that all parties involved communicate with one another regarding all aspects of their child's healthcare.

- Unless legally restricted or court-ordered, we cannot deny access to either parent regarding a patient's care or health information.
- Due to the volume of calls we receive daily, we cannot contact any other parent or legal guardian when appointments are made or cancelled.
- We will depend on the adult present with the child at the time of the office to convey any information to all parties involved (parents or legal guardians) in need of that information.
- If we are contacted by another parent or legal guardian after the visit, we will make every attempt to 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.

APPOINTMENTS/OFFICE VISITS; Office Hours: NVPA prides itself on having very accessible office hours to accommodate most busy schedules. **We are open seven (7) days a week year-round including holidays.**

Our weekend and holiday hours are reserved for urgent sick appointments, and we cannot accommodate routine well visits or chronic issues. Current office hours can be found on our website under the Contact Tab. Please note additional fees may apply and our lab hours differ slightly from our office hours.

WALK-IN HOURS: Walk-In Clinic is for established patients (not new patients) is best for conditions that need prompt attention, brief duration of 1-2 days, and are not severe enough to warrant an emergency room visit. **Chronic conditions or more complex conditions require an appointment to be scheduled.**

Please be aware walk-in patients are seen around patients with appointments and while your child will be seen as quickly as possible, **wait times may vary**. Please visit our website for walk-in hours and for more information.

We respectfully ask that all patients and caregivers **wear a mask for walk-in and sick appointments.**

VIRTUAL VISITS: A virtual visit is a real time visit for certain medical conditions that is scheduled with your provider via a video call using Doxy.me, a HIPAA compliant website. Due to current regulations, virtual visits and telemedicine can only be offered to patients that reside in the state where the provider holds a license (Virginia).

A virtual visit is a real time visit with your provider that is done via a video call using Doxy.me, a HIPAA compliant website. Tele-Health is a real visit by phone with your provider. The visits will be billed to your insurance as we normally do, using the same fee schedule. If a prescription is needed, it will be electronically sent to the pharmacy we have for you in our records.

Insurance companies are updating their policies regarding reimbursement for Virtual Visits and Telemedicine. You may be partially or, fully responsible, for Virtual Visits / Telemedicine costs. We strongly advise that you call your insurance company to verify coverage as the situation is constantly changing. By scheduling a Virtual Visit / Telemedicine call, you acknowledge you understand your coverage and agree to be responsible for fees not covered under your insurance policy.

To schedule a virtual visit, send an appointment request through FMH to include reason for the visit.

For more information on Virtual Visits, including conditions that are acceptable, please visit our website.

PRE-TRAVEL VISITS: Travel visits and travel vaccines may not be covered by some insurances and parent/guardians may be responsible for some or all of the charges. Any questions regarding coverage for travel visits and travel vaccines should be directed to your insurance company.

AFTER HOURS CALLS: Medical emergencies command and receive the doctor's immediate attention. One of our pediatricians is available for emergencies 24 hours a day by calling our same telephone number, (703) 532-4446.

Calls after the office closes will be answered by our triage service. Please be available for a return call, have a pen and paper ready, and be prepared to give any necessary information, including a 24-hour pharmacy number. Should your call not be returned within the hour, please call back and leave another message.

A $25.00 administrative fee will be charged for all calls received after the office has closed.

To be fair 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.

Missed Appointments and Cancellations: Appointment reminders are sent out as a courtesy. It is ultimately the responsibility of the parent/guardian/patient 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. **As of April 1, 2025, a fee of $100.00 will be assessed for missed appointments and/or cancellations with less than 24-hours' notice for Well Visits, Extended Visits/Consults and ADHD/Mental Health Visits/Consults. A $50.00 fee will be assessed for all other types of missed appointments.**

UNACCOMPIANED MINORS: If a child is accompanied by an adult other than a parent or legal guardian, a consent form must be authorized by a parent or legal guardian. Patients under 18 years of age can only be seen if accompanied by a parent or authorized adult having a signed authorization on file. An unaccompanied minor will only be treated in the rare instances allowed by law (Virginia Statute 54.1-2969).

Quest Diagnostics will not treat a patient under the age of 18 without an authorized adult present.

PRESCRIPTION REFILLS FOR MEDICATION: Prescription refill requests for all medications are best handled during the patient's office visit. Prescription refill requests outside of an office visit must be submitted through FMH. Refill requests require a notice of 5 business days, medication name and dosage information. An administrative charge of $ 25.00 for ADHD and mental health prescriptions and $ 25.00 for all other medications may be incurred.

ADHD AND MENTAL HEALTH MEDICATION MANAGEMENT: Patients needing neurodevelopmental and/or mental health medications (ex: ADHD, anxiety, depression, mood disorders) must be seen every month until the proper medication and dose have been established. Thereafter, medication management visits are required, and patients need to be seen at least every three (3) months and medications may only be prescribed for up to 90 days at a time. Patients also need to be seen if there is a change in dosing or a change in medication, or if a medicine side-effect is suspected.

Follow-up visits help monitor response, effectiveness, side effects, when requested and scheduled as such may coincide with the patient's annual well visit.

Prescriptions are typically sent directly to the pharmacy on file. However, when there are supply shortages, hand-written prescriptions for those medications must be picked from the office and it is the patient's responsibility to locate a pharmacy that is able to fill the prescription.

FORMS: In addition to forms required by our office, some school and sport forms can be found on our website or may be picked up at our office. Patient name, DOB and any medication information must be filled in prior to submitting. Forms can be dropped off at the office or uploaded through FMH/messages.

One school/camp/sports health form can be completed upon request at the patient's annual Well Visit at no charge. Each additional form completed, and any form completed outside of a well visit, will be charged an administrative fee of $25.00. Forms are completed M-F and require 5–7 days for completion. When available and requested, forms can be expedited (24-48 hours M-F) and will incur a fee of $50 per form.

NVPA follows the guidelines established by the *American Academy of Pediatrics* for rendering appropriate, quality medical care. An annual visit is needed for completion of forms regardless of form requirements.

Should a form require a well exam after a certain date regardless of date of last annual visit, the visit will be coded as a sports physical and it is the responsibility of the patient / parent to understand their insurance benefits as a sports physical may be applied to patient responsibility. We are unable to change or recode. Please direct any questions to your insurance company.

INSRUANCE REFERRAL REQUESTS FORMS: Should your insurance company require a referral authorization, request must be submitted 5 days (M–F) prior to scheduled appointment. Referral request forms can be found on our website or picked up at our office. They can be dropped off or uploaded through FMH/messages. Except for emergency room visits, **referrals cannot be backdated.**

PATIENTS 18 AND OVER: Any health information (i.e., vaccination records, test results and medical records) for patients 18 years and older cannot be released to anyone other than the patient, unless the patient has signed a release. Over 18 authorization release can be found on our website under the forms tab.

COPIES OF MEDICAL RECORDS/TRANSFER OF RECORDS: Transfer Request forms can be found on our website under the Patient Forms tab. Please allow 5-7 days (M-F) for the transfer of records. Records can be mailed or picked up at the office. **There is a $50.00 administrative fee for making a copy of a medical record or for the transfer of a record.**

HEALTH INFORMATION: Office notes, test results (once reviewed), immunizations or other records are accessible and can be printed through FMH. Requests for immunization records or lab results will incur a $ 10.00 administrative fee, must be mailed, faxed or picked up at our office.

ON-SITE LABORATORY SERVICES: For our patients' convenience, we offer comprehensive laboratory services on our premises, staffed by both NVPA and Quest Diagnostics**. Lab work needed outside of a same day office visit, requires an appointment. To ensure all lab orders have been ordered, requests for a lab appointment need to be sent through FMH. This includes lab orders from specialists that need to be sent through FMH.**

We bill your insurance company for lab tests run in our office**. Any lab tests sent out to Quest for processing will 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 will be billed to your insurance company directly by Quest. Any questions regarding a Quest patient balance should be directed to Quest.

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

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

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

INSURANCE AND BILLING POLICIES: To ensure that insurance billing is 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 press 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 at your insurance company.

Newborns: 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.**

Billing Insurance: As a courtesy, we will bill participating insurance companies. The guarantor is responsible for all charges processed by their insurance company that are determined to be non-covered services, deductibles, coinsurance and/or co-payments. **Any questions regarding these balances should be directed at your insurance company.**

Changes in Insurance or Demographics: 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.**

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

Diagnosis and Well Visits: 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.

Billing Statements: 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: Past due balances of 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. Past due accounts of over 90 days will require 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.

Medicaid: 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.

PRIOR AUTHORIZATIONS: On occasion, your insurance will require a Prior Authorization (PA) to order a prescription or see a specialist. This is something that our providers are unable to foresee and is entirely dependent on your individual medical plan benefits. For the most part, the turn-around time for a PA decision is 5-7 days but this can vary significantly.

Your insurance carrier may deny a PA or prescribe an alternative. **Should a patient / parent not agree with their insurance company’s denial, they may initiate an appeal.** For more information regarding Prior Authorizations, the appeal process, and patient’s responsibilities go to Policies Tab / Prior Authorizations.

Should you have any questions or need any additional information, please ask a staff member. If they cannot help you, they can direct you to someone that can.

Thank you for your understanding and cooperation regarding these policies.