Fairfax OBGYN Associates, P.C.
Obstetrics, Gynecology and Infertility

A Friendly Notice to Our Patients Regarding Our Office Policies

Office Policy

Appointment Scheduling: We will try our best to schedule your appointment at the most convenient time possible. As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive early for their appointment. If you arrive late, your appointment may have to be rescheduled. There is a $100.00 fee for missed appointments and a $300 fee for missed surgical procedures. To avoid this fee, please call 24 hours in advance.

Lab Work: Please allow our office to contact you with laboratory results. We will not contact you for normal results. To view your lab results online, please set up a patient portal account. Please be aware that you will receive a separate bill from the laboratory for analysis such as your pap smear, biopsies or blood work.

Forms and Letters: Because of the volume of paperwork associated with managed care, our office must charge a $15 fee for form completion and custom letters. Please allow 7-10 days for the form/letter.

Medical Records: We charge a $10 processing fee plus $.50 per page for copying medical records.

Returned Checks: If a check is returned, you will be responsible for a $75.00 returned check fee.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make appropriate changes to help you maximize your benefits.

HIPAA: We are a HIPAA compliant office. If you feel that your privacy may have been compromised, please do not hesitate to contact us.

HIV Consent: Pursuant to Virginia law, health care providers are permitted to test their patients for HIV antibodies, Hepatitis B and Hepatitis C when a health care worker is exposed to the blood or body fluids of a patient which may transmit HIV, the virus which causes AIDS, or Hepatitis B. In the event of such exposure, you will be deemed to have consented to such testing and to have consented to the release of test results to the exposed worker. Except in emergencies, you will be informed before any of your blood is tested for HIV antibodies, Hepatitis B or Hepatitis C. You will be provided with the test results and appropriate counseling. Test results, if positive, are required by law to be reported to the Virginia Department of Health.

I have read and understand the above information.

______________________________   _______________________
Printed Name      Date

_______________________________
Signature