



Lansdowne

19500 Sandridge Way #110
Leesburg, VA 20176
Phone: (703) 723-7337
Fax: (703) 723-8278

Purcellville

205 E Hirst Road, Suite 205
Purcellville, VA 20132
Phone: (540) 338-7065
Fax: (540) 338-9482

Stone Springs

24430 Stone Springs Blvd #115
Dulles, VA 20166
Phone: (703) 957-1247
Fax: (703) 665-2376

Patient Responsibilities

1. Please notify us of any changes in your address or insurance information at the time of the change.
2. Please notify us 3 – 4 business days before referrals are needed. If your insurance requires a prior authorization for services or medications, please notify us at least 3 business days before the referral is needed.
3. Your provider may order tests that are medically necessary. It is your responsibility to contact your insurance company to determine the facilities that participate with your specific insurance plan for labs, x-rays, and other similar tests. Please allow 5 business days to be notified of these results unless your provider tells you otherwise.
4. All appointments (besides our 7:30 AM – 8:30 AM and 8:00 AM – 9:00 AM walk-in sick appointments) must be scheduled in advance. If you need to cancel or reschedule an appointment, please call 24 business hours before your scheduled appointment. There will be a \$50 charge to your child's account for all missed or cancelled physical and consultation appointments and a \$25 charge for all sick appointments that are not cancelled before the time of the appointment.
5. Please pay your child's bills promptly. If there is a financial hardship, please contact our Accounts Receivable representative at (703) 737-6001. There will be a \$35.00 charge to your child's account for all returned checks.
6. Parents are responsible for being familiar with their insurance plans and the covered services. Charges that are deemed by the insurance company to be patient responsibility shall be paid in full. Payment plans are available based on graduated percentages of the total account balance. A missed payment shall result in a \$25 service fee to reactivate the payment plan.
7. Co-payments are collected at the time of service. If you are unable to pay your child's co-payment, we will charge a \$5 service fee to your child's account in addition to the co-payment amount.
8. Virginia State Code 8.04-41 allows medical practices to charge a fee for copying medical records. We charge \$10 per child. Written medical forms incur a charge of \$10 per form. Additional forms dropped off at the same time incur a charge of \$5 per form.
9. To obtain a prescription refill, please first call your pharmacy, which will then contact our office. We require 2 business days to process your refill. Prescriptions for controlled substances (such as stimulants or narcotics) must be picked up in the office in person and cannot be sent via mail. Mail-order prescriptions must also be picked up in the office.
10. We utilize voice greetings in our offices after regular business hours with the number of our after-hours answering service. Please call (703) 257-3932 to speak with the provider on call. Please realize that the provider is available for **urgent medical matters only**. Loudoun Pediatric Associates directly bills patients \$15.00 for each phone call. Patients are responsible for making payment to patient accounts promptly.
11. We have walk-in sick appointments available in our Lansdowne and Purcellville offices Mon-Fri from 7:30 AM – 8:30 AM and in our Stone Springs office Mon-Fri 8:00 AM – 9:00 AM for established patients only. These visits are not for ER follow-ups or health issues that have been chronic (ongoing) in nature. You may be asked to schedule an appointment to allow for appropriate time to properly discuss these types of matters. We do not have walk-in appointments available on Saturdays or Sundays.
12. We follow the Virginia Board of Medicine regulation (18VAC85-20-26) that requires us to maintain patient records for at least 6 years after the last encounter, or until a minor patient is at least 18 years old with a minimum of 6 years since the last patient encounter. We automatically shred paper charts of non-current patients after meeting this record retention obligation. This regulation concerns patients who visited LPA prior to 2007; we have used electronic medical records since that point.
13. Our prices are set by our parent company, Loudoun Medical Group, and are thus subject to change without notice. We charge your insurance company as a courtesy to you and your family, and we charge based on Current Procedural Terminology (CPT) codes. You are welcome at any time to ask for the price of a service or medicine before obtaining it; however, you are responsible for all charges billed to your insurance company that your insurance company then deems as an "appropriate charge" but then applies as "patient's responsibility." We cannot be responsible for the insurance coverage chosen by your employer or the policyholder.

I have read and understand the responsibilities above.

By signing below, I also acknowledge that I have received a copy of the Loudoun Medical Group Privacy Practices for my child or children seen at this practice.

Patient Name(s) _____

Parent Signature _____ Date _____