

MOUNTAIN VIEW MEDICAL ASSOCIATES

Thank you for choosing Mountain View Medical Associates. We are pleased to provide medical attention to you and the community. So that your experience with our facility is most beneficial for all concerned, we respectfully ask that you observe the following:

- All cancellations must be made 24 hours in advance. As a courtesy we make every attempt to confirm all appointments with the understanding that you will keep your appointment.
- COPAYS are due at the time of service.
- A first time missed appointment will be noted in our system. Subsequent missed appointments will incur charges as follows:

Standard appointment	\$50.00 fee billable to patient
Physical appointment	\$75.00 fee billable to patient
- Requests to complete forms for school/college/sports physicals, DMV, insurance companies, etc. will incur charges as follows:

Limited forms	\$20.00 fee billable to patient
Detailed forms	\$30.00 fee billable to patient
- Patient-initiated telephone calls requiring consults with the Providers may meet the criteria for telephone consult which will be billed to your insurance.
- If you require a medication refill, please have your pharmacist submit a REFILL REQUEST to our office either electronically or by fax to 540-751-0466.
- Referrals: Due to insurance company regulations, we cannot backdate referrals. Please allow 24-48 hours for processing. Please provide the specialist's name, address, telephone and fax numbers along with the date of your appointment.

NOTE: Some insurance companies require prior authorization for certain procedures or tests. It is your responsibility to contact your insurance company to inquire as to whether a prior authorization is required.
- If an order, referral and/or written prescription is given to you, it will be your responsibility to monitor these items. If you should lose or misplace these items prior to your scheduled specialty appointment, it may be necessary for you to reschedule your specialty appointment. If you should contact our office and request another written order, we may not have the flexibility to do so immediately due to our responsibilities to scheduled patients for that day.
- Please note that we do not bill from this office. We will accept and post any payment you wish to make toward your bill. We will do our best to assist you with any billing questions; however, we may not always be able to answer them. Therefore, please do not be offended if we request that you contact the billing office directly.
- Due to HIPAA regulations; we absolutely will not give out any information concerning ANY of our patients. This includes medical as well as personal information, unless the patient has given specific written instructions to do so. We provide every patient with a copy of the HIPAA regulations. If you do not have a copy we will be happy to provide you with one.
- For your children's safety, please do not leave them unattended in the waiting room.

Patient/Guardian Signature

Date

Mountain View Medical Associates
205 East Hirst Road, Suite 203, Purcellville, VA 20132
(P) 540-751-0255 (F) 540-751-0466