



## FINANCIAL POLICY

### Introduction

We are pleased you have chosen Infectious Diseases Physicians, Inc (IDP) as one of your healthcare providers. Please carefully read and sign this document to ensure there is a mutual understanding of our financial policy related to our clinical services. This document is designed to ensure you authorize IDP to provide infectious disease specialty care for you or your loved one and allow us to bill your insurance. Please note, it is common for health insurance to “cost-share” the amounts owed to healthcare entities for services based on your insurance policy. Cost-sharing means many patients will have a “co-payment” due on arrival to an appointment, or a balance due after your insurance has paid their portion of the service(s). Please refer to your health insurance policy for a full description of the benefits you subscribe to. If you do not have insurance and you are interested in learning about a “self-pay” payment status, please ask staff to provide you a range of potential costs based on anticipated services. We work closely with self-pay patients and are mindful of costs.

We want to ensure you receive the full benefits of your insurance coverage. Health insurance companies will send you an Explanation of Benefits (EOB) that explains what they have paid. Once your health insurance pays their portion of the bill, we will notify you of any remaining amounts that are your responsibility. We ask that you stay engaged in the financial responsibility process and contact our billing office if you have questions. New or outstanding balances can be made over the phone with our staff, through our website, through the link provided on your statement, or through a secure text our staff sends to you. If you are not able to pay this balance due in full, you may contact our billing staff for a payment plan. You will have the option to keep your credit card on file should you elect to participate in a payment plan, which will require your authorization. Patients or their legal representatives are ultimately responsible for all charges for services provided.

### Insurance

We require all patients to provide their insurance card and proof of identification (such as a driver’s license or passport) during your initial registration and upon arrival to an appointment. It is imperative that you notify the office of any changes to your contact information and insurance. Without receiving updated information, there will be a delay in processing the claims to your insurance. This will impact timely payments and challenges in implementing your treatment plan. Without updated information, you may receive a larger cost-share amount and pharmacies may be unable to fill your medication(s). We accept assignment of benefits for many health insurance companies and will submit charges for services to your insurance carrier. Our fees do not include services for laboratory tests, radiology imaging or other diagnostic services.

Once your insurance pays their portion of the claim(s), IDP will send a notification to you via text, email and/or our patient portal. In the event the notices are unpaid, a mailed statement will be sent to your address on file. If IDP exhausts all efforts in notifying you of a remaining balance, the amount due will be handed over to our contracted collection agency after four (4) months (120 days). We take careful consideration to allow adequate time for you to contact our billing department in the event your individual circumstances are difficult. Please contact our billing staff if you need to discuss a payment plan arrangement so you may continue to receive timely services.

3289 Woodburn Road, Suite 200  
Annandale, VA 22003  
Ph: 703-560-7900

6300 Stevenson Ave, Suite D  
Alexandria, VA 22304  
Ph: 703-212-8750

We encourage all patients to carefully review their EOBs from your insurance(s) carrier. You are responsible for understanding the benefits and limitations of your insurance policy, including:

- If a referral or authorization is necessary for office visits. If it is required, please ensure you request the appropriate referral and authorization to be seen by our specialty practice. It is common for a health maintenance organization (HMO) to require a referral from your primary care physician. We encourage all of our patients to maintain a relationship with their primary care physician
- Understanding any applicable co-payment, coinsurance or deductible for a specialty clinical practice

**No Shows**

IDP’s appointment reminder system is generated from your demographics, which reinforces the need to keep updated information on file. Our appointment reminder system is delivered to patients by text, email, and automated voicemail. You’ll have an option to confirm or cancel your appointment through the appointment reminder. If you miss an appointment without notifying IDP, provide less than a twenty-four (24) hour notice for cancelling an appointment, you will be charged a \$50 “No-Show” or “late cancellation” fee. This needs to be paid prior to rescheduling your appointment. A no-show fee or late cancellation fee cannot be billed to your commercial or government sponsored health insurance (Medicare, Medicaid).

**Interpreter and Translation Services**

If you have requested an interpreter (language translation, sign language) and you miss your appointment without calling at least twenty-four (24) business hours prior to your scheduled appointment, you may be charged the amount the translation service will charge IDP.

**Miscellaneous**

- A \$25 fee will be charged for any returned checks
- A fee of \$50 will be charged for completing letters or disability forms, explanations of employee limitations or restrictions to employers, and comparable matters

By completing and signing below, I acknowledge that I have been provided an opportunity to read and understand IDP’s Financial Policy:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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