

DULLES FAMILY MEDICINE, P.C.

504 Elden Street, Suite 3 ◦ Herndon, Virginia 20170 ◦ (703) 471-0800

PATIENT REGISTRATION

Please Print Clearly

PATIENT NAME <small>First</small> _____ <small>Middle</small> _____ <small>Last</small> _____			DATE OF BIRTH	AGE
HOME ADDRESS	APT. NO	CITY	STATE	ZIP CODE
OCCUPATION	SOCIAL SECURITY NO.	MARTIAL STATUS	SEX	HOME PHONE
EMPLOYER (or previous employer, if retired)	ADDRESS		WORK PHONE	
SPOUSE (OR PARENT) NAME	SPOUSE (OR PARENT) EMPLOYER		SPOUSE (OR PARENT) WORK PHONE	
SPOUSE (OR PARENT) ADDRESS			Cell-Phone:	
IN CASE OF EMERGENCY CONTACT	RELATIONSHIP	HOME PHONE	WORK PHONE	
REFERRED BY	ADDRESS		TELEPHONE	

BILLING AND INSURANCE INFORMATION

PRIMARY AND SECONDARY	PRIMARY INSURANCE COMPANY NAME	ID OR POLICY NUMBER	GROUP/CODE	
	INSURANCE COMPANY ADDRESS	SUSCRIBER SOCIAL SECURITY NO.	DATE EFFECTIVE	
	SUSCRIBER'S NAME	SEX	HOME PHONE	RELATIONSHIP TO PATIENT
	SUSCRIBER'S ADDRESS	WORK PHONE	SUSCRIBER'S DATE OF BIRTH	
	SECONDARY INSURANCE COMPANY NAME	ID OR POLICY NUMBER	GROUP/CODE	

PAYMENT POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
- 3. Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 6. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
- 7. Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to an attorney for collection. You will be responsible for collection costs, including Dulles Family Medicine, P.C.'s attorney fee. Dulles Family Medicine P.C. will be authorized to release the medical reports of the above patient to any attorney retained by Dulles Family Medicine, P.C. You agree to pay interest on any unpaid balance at the rate of 1.5% per month.
- 8. Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date