



Pramod Malik, MD

FACG, FASGE, AGAF, CPI

Board Certified in Gastroenterology

Accredited by



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Patient Name: _____

Date of Birth: _____

POLICIES AND PROCEDURES AGREEMENT

Financial Policy

- **Patient Information and Insurance Cards:** Please bring a valid photo ID and all health insurance cards with you to each visit. You will be asked to verify your personal and insurance information at each visit. If we are unable to verify your identity and/or insurance coverage prior to services being provided, your account will be set up as uninsured and payment in full will be expected at the time of service, or you will be given the option of rescheduling. It is important that you understand your insurance coverage. Please be sure to check with your carrier or employer regarding your copay, coinsurance, or deductible responsibilities.
- **Insurance Referrals:** Services requiring a referral must have a valid referral on file at our office. Based on your contract with your insurance company, it is your responsibility to ensure you have a valid referral. If we do not have a valid referral your appointment will be rescheduled unless you choose to pay at the time of service.
- **Copays/Coinsurance/Account Balances:** All payments are due at the time of service. Outstanding account balances must be resolved prior to additional services being rendered. I hereby authorize payment of medical benefits that are billed to my insurance to Virginia Gastroenterology Institute PC. I accept responsibility for payment for services provided to me that are not covered by my insurances.
- **Payment for Services for Patients Without Insurance:** You will be responsible for payment by cash, check, or credit card on the day of service. On bills with extensive procedures and with approval from our billing department, you may set up a payment plan with our office. Patients who do not comply with established payment plans or who do not resolve outstanding balances within three statement cycles will be unable to schedule an appointment until the balance is resolved and may be dismissed from the practice.
- **Returned Checks:** There is a **\$50.00** fee for any check returned by your bank.
- **Medicare Patients:** I request that payment of authorized Medicare benefits be made on my behalf to Virginia Gastroenterology Institute PC for any services provided to me by their Physicians or Physician Assistants. I authorize release of medical information about me to be released to the Centers for Medicare and Medicaid Services, its agents, and to my insurance company to determine these benefits or the benefits payable for related services.
- **Guarantee of Payment:** I have read and understand all of the policies outlined above. I also understand that any responsibility for payment of medical services in this office for my dependents and myself is mine. Copays are due and payable at the time of service. Any co-insurance and/or deductible due after my insurance company processes claims for services provided is expected within 30 days of the first statement I receive. VGI reserves the right to charge a collection fee of 35% of the principal balance at the time of the write off of dismissal to a third party collection agency.

Appointment Policy

- **Late Policy:** Every effort is made to keep our physicians' schedules on time; therefore, if you are more than **15** minutes late we cannot guarantee that you will be seen immediately, but we will do our best to work you in to the schedule as time permits. If all the providers' schedules are full you may be asked to reschedule your appointment to a later date.
- **Missed/Cancelled Appointments & Procedures:** Every effort is made to accommodate our patients' requests for appointment and procedure dates/times; therefore, it is important that you make every effort to keep your scheduled appointments. No shows and appointments for office visits cancelled within 24 hours will be subject to a fee of **\$25**. Cancellation of a scheduled procedure, for any non-medical reason, within 48 hours will also be subject to a cancellation fee of **\$100**. To cancel an office visit or procedure please call our office at 757-942-2566. **Please be advised that multiple missed appointments may result in dismissal from our practice.**

Tel: 757.942.2566 • Fax: 855.313.1070

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On Call and Emergency Care Policy

- Dr. Malik is the only gastroenterologist at Virginia Gastroenterology Institute at this time. If you have a serious emergency, please proceed to the nearest emergency room or call 911. If it is not an emergency and it can wait, please call us on 757-942-2566 during the normal business hours of 8 am to 5 pm weekdays. Dr. Malik will provide emergency care at Sentara Obici Hospital in Suffolk on days he is on call. He will try his the best to coordinate care on days he is not on call at the hospital. As long as he is reachable by phone through the after-hours service, he will answer only calls of an urgent nature. Medication refills are not done after-hours.

Medical Records Policy

- **Transferring of Records:** All patients must sign a records release form to have their records copied or sent to another provider or organization. Copies will be provided to the patient for a **\$10.00** administrative fee PLUS **\$0.50** per page up to 50 pages and **\$0.25** per page thereafter for paper record. There is no fee to transfer records directly to another provider or organization. All Family Medical Leave Act packets will be provided for a **\$25.00** fee.
- **Electronic Medical Records:** In compliance with the United States government mandate to promote the use of electronic medical records, this practice utilizes a securely encrypted electronic prescription and formulary system. I consent to allow this practice to exchange my health and medication history information for use in my record.

Medication Policy

- **Prescription Refill Policy:** For all medication refills, please contact your pharmacy to have them request the refills electronically or by fax to 757-932-9279. Please allow 72 hours' notice on all requests. If you have not been seen in our office within the last 12 months, you will be required to be seen in our office before refills will be approved.

Deemed Consent

- **Notice of Deemed Consent to HIV Blood Testing:** A law was enacted in Virginia in 1989 which authorizes healthcare providers to test their patients for HIV antibodies when the healthcare provider is exposed to the body fluids of a patient in a manner which may transmit human immunodeficiency virus (HIV). Pursuant to this law, in the event of such exposure, you will be deemed to have consented to such testing, and to have consented to the release of the test results to the healthcare provider who may have been exposed. However, you will be informed before any of your blood is tested for HIV antibodies pursuant to this provision, the testing will be explained, and you will be given the opportunity to ask any questions you might have.
- **Consent to Treatment:** I hereby authorize Virginia Gastroenterology Institute, PC. to use and/or disclose my health information to carry out my treatment, obtain payment and conduct healthcare operations. I understand this consent is voluntary. I understand that I have the option to choose another healthcare facility for my medical care
- **Images and Videos:** At times images and videos may be used for educational purposes. All media will be anonymous. No patient information shall appear on such media.

Privacy Practices Policy:

- **Notice of Privacy Acknowledgment of Receipt:** I have been informed that Virginia Gastroenterology Institute PC. has a Notice of Privacy Practices, which fully describes how they will use and disclose my health information and that a copy of this is posted in the waiting room and that there are copies available for my review.

By signing this form, I acknowledge and agree to all items listed above.

Patient Signature _____

Date: _____

Updated: 08/18/2020