

OFFICE POLICIES

OFFICE HOURS: 9am to 5pm Monday through Thursday, by appointment only. Emergency care will be provided as required.

CONTACTING THE OFFICE: Our phone number is (804) 353-1000. Please call between 9am and 5pm, Monday through Thursday, to schedule appointments, discuss billing or insurance issues, obtain laboratory reports or to request refills.

EMERGENCIES: If you have a medical emergency, call (804) 353-1000. After office hours, this number will be forwarded to Dr Rudlin's cell phone. Please allow at least six "rings" for the transfer. If Dr. Rudlin is unable to receive the cellular signal, your call will be automatically answered by a voice mailbox. Speaking slowly and distinctly, leave your name AND phone number and a brief description of the problem. Dr. Rudlin will try to return your call. If you do not receive a call within 30 minutes, call back.

If the emergency is life threatening, also contact your primary care physician and, if you are allowed by your insurance company, go to the emergency room immediately!

Please be aware that the call forwarding and answering system is electronic and in the case of power failure, will not function. Also remember that it relies on cellular communications which can be "spotty" in certain areas. Hence, although we will make every reasonable effort to provide 24 hour coverage, there may be times when this is not possible. *Remember, if you feel it is an emergency, and you cannot reach Dr. Rudlin, contact your primary care physician and/or go to the emergency room.*

REFILLS: Please have your pharmacy call the office between 9 am and 5 pm, Monday through Thursday. We do NOT call prescriptions in to the pharmacy; have the pharmacist call us. This is for your benefit. Too many times when we have called prescriptions, the patient has arrived and discovered that the order has been "misplaced" and the pharmacist on duty does not have any idea what to provide. This policy saves you time and effort.

Routine prescriptions are NOT refilled on weekends, nights or holidays. Emergency prescriptions will always be provided as needed.

CANCELLATIONS and RESCHEDULES: You *MUST* cancel and/or reschedule an appointment no less than 24 hours before your appointment. This must be done *during normal business hours*, i.e. 9 am to 5 pm, Monday through Thursday. Do NOT call outside normal business hours because the appointment secretary will obviously not be available.

If you do NOT cancel or reschedule at least 24 hours before your scheduled appointment, or if you do not keep your appointment, you will be billed for your co-pay, or \$35, whichever is greater.

This is for your benefit. We schedule only one patient per appointment time, and try to avoid having you wait to see Dr. Rudlin. We try not to "overbook", and we never schedule everyone for "10 o'clock" and have you "sign in and wait your turn." Therefore, there are only a limited number of appointments available each day. If you cancel "at the last moment" or fail to keep your appointment, you are denying that time to someone else who may desperately need that time "slot." This is especially true for afternoon appointments and when schools are closed.

REFERRALS, PRE-CERTIFICATION and AUTHORIZATION NUMBERS: You are responsible for obtaining any referrals, precertifications, authorizations or other requirements of your insurance company. Please make sure we have any such authorizations prior to your appointment. We cannot render care without the referral or pre-authorization number (if one is required) and cannot obtain retroactive numbers. *If you arrive at our office without the proper referral or pre-authorization, we will have to reschedule your appointment, and you will have to pay your co-pay or \$35 (whichever is greater).* It is your responsibility to know whether any referrals and/or pre-authorization numbers are required by your insurance policy.

PAYMENT RESPONSIBILITY and AUTHORIZATION FOR MEDICAL CARE: Medical care will be provided *only under the auspices of the legal guardian*. In the case of joint custody, either custodian may request medical care, and we will *NOT* require both custodians to make the request unless specifically ordered by the appropriate Court of Jurisdiction. *Note that the custodian or legal guardian requesting medical care will be responsible for payment of all charges incurred.*

INSURANCE: It is solely the patient's and/or legal guardian's responsibility to insure we have the proper insurance information for filing claims. If we do not have current or accurate information, the patient and/or legal guardian will be billed for the visit. Please make sure we are informed about changes in coverage or policy.

When you accepted medical insurance, you agreed to the rules governing your particular plan. It is solely your responsibility to know and abide by these rules. We will not assume responsibility for knowing what your particular policy requires. You can find the rules in your "Evidence of Coverage" brochure or your policy per se. If you do not have a copy of this brochure, or cannot understand the information, contact your company's benefits coordinator or Human Resources Administrator, or the insurance company.

CO-PAYS: We are required by the insurance companies to collect these at the time of the visit. If you do not have your co-pay, we will now have to re-schedule the appointment and charge you a fee equivalent to \$35 or your co-pay, whichever is greater, for the "missed" appointment.

DEDUCTIBLES: Your insurance policy may have a deductible, i.e. an amount you must pay before the insurance company will start paying its share of any charges or bills. You are responsible and we are required to collect this amount (as it applies to our charges). You will be requested to pay the deductible at the time of the visit.

RETURN CHECK FEES: If your check is returned by our bank for any reason, you will be charged, \$50 or the bank's fee, whichever is greater, and be required to make full payment of your outstanding balance and the return check fee within 5 days, in cash.

BAD DEBT COLLECTION: Any balance due for more than 90 days will be considered "bad debt" and will be turned over to either a collection agency or an attorney for collection. You will be charged all costs incurred including the agency and/or attorney fees, court costs, filing costs, etc. Your account will also be marked "cash only, no credit", i.e. you will have to pay the entire amount due at each visit, in cash, at the time of the visit.

If you cannot afford to pay your balance, please discuss this with us. We will make every effort to arrange a reasonable payment plan and preserve your valuable credit history.

PAYMENT OPTIONS AND INTEREST CHARGES: We accept cash or check. Due to the high fees imposed by the banks and clearinghouses, we no longer accept credit/debit cards.

Accounts will be considered "Past Due" 90 days after date of service and may at that time be given to a collection agency and/or attorney for collection. *Interest at the rate of 21% APR will be charged on all balances considered "Past Due" and compounded on a monthly (30 day) basis.*

REQUEST FOR INFORMATION: Many insurance companies are now refusing to consider or pay a claim until the patient (or his legal guardian) completes a "questionnaire" or provides additional information to the insurance company. The questionnaire or request is sent directly from the insurance company to the patient (or guardian). This is obviously your responsibility. If you have not completed and submitted the information within 60 days, we will have to bill you for all charges due, since the insurance company will refuse payment.

Please be aware that some of our patients have informed us that the questionnaires appear to be "junk mail." Please be careful not to ignore these request for information.

REFUNDS: At times, the insurance company will refuse to pay a claim, but later relent and make payment. If this happens, and you have already made payment, we will gladly send you a refund for the amount the insurance company has paid. Alternatively, we can apply this amount to the co-pays and deductibles for future visits. If this happens, please let us know how you would like your refund handled.

NOTIFICATION OF LAB RESULTS: New Federal Laws require us to have written permission in order to leave laboratory results on your answering machine, or with anyone other than the patient (or legal guardian). If you want us to leave a message on your answering system, please sign the appropriate form in our office.

REMINDERS FOR APPOINTMENTS: New Federal Laws require us to have written permission in order to leave messages on your answering machine, or with anyone other than the patient (or legal guardian). This applies even for something as simple as asking you to call to make a follow up appointment! If you want us to leave a message on your answering system, please sign the appropriate form in our office.

EMAIL: We welcome e-mail from you. You may e-mail questions, request for lab results, etc. *Do NOT e-mail request for medical care or instructions for an emergency.* Obviously, we cannot guarantee when we will receive e-mail (if ever). We will make every effort to answer the e-mail promptly (within 24 - 48 hours).

We can also e-mail you reminders for appointments. Just provide us your email address.

However, new Federal Law requires us to have written permission to correspond with you by e-mail (even when you send the e-mail and we are merely responding!). If you would like for us to be able to communicate with you by e-mail, please sign the appropriate form in our office.

PRIVACY OF YOUR MEDICAL RECORD: We respect the privacy of every patient's medical record and will make every reasonable effort to secure the information. However, please be aware that Dr. Rudlin, his staff and office personnel will have access to the medical record and may review this information both for the care of the patient and/or to improve the care of all the patients in the practice (i.e. for "quality control").

On occasion, the information may also be reviewed as part of a research study. However, unless you are specifically notified and sign a release, please be assured that every reasonable effort will be made to hide the identify of the patient from anyone outside Dr. Rudlin's office.

Under new Federal Laws, you will be asked to sign a release permitting Dr. Rudlin and his staff to review the medical record both in the care of the patient per se, and for quality control and "research" purposes.

Also, be aware that *your insurance company will request information from the medical record, including (but not limited to) office notes, laboratory results, x-ray and other studies.* If you have authorized us to collect payment from your insurance company, then this information will be provided and *we will consider that your authorization to allow us to collect from your insurance company serves as consent to release this medical information to the insurance company.* If you do not want any information released to the insurance company, please pay the full amount of all charges at the time of the visit, and make sure that you inform us NOT to bill your insurance company.

School physicals, sport physicals, DMV reports, etc. will be completed only with your consent and will be released to you. This insures confidentiality of the medical record, at least on our part.

We cannot, obviously, guarantee privacy with respect to the waiting room or similar situations.

The patient and/or the legal guardian may refuse to consent to the use or disclosure of the patient's medical record, but this must be done in writing. However, under the new Federal Laws, we have the right to refuse medical care should the patient and/or the legal guardian refuse to disclose the patient's personal medical information. The patient and/or the legal guardian may withdraw, in writing, consent for disclosure of the patient's personal medical information at any time; however, the patient and/or the legal

guardian may NOT revoke actions that have already been taken which relied on this or a previously signed or implied consent.

COPIES OF MEDICAL RECORDS and TRANSFERRING RECORDS and/or PROVIDING RECORDS FOR REFERRALS: We will provide copies of the medical record ONLY to the patient (or legal guardian). This is to preserve confidentiality. We will provide information for referral purposes only when the patient (or legal guardian) requests (in writing) for us to do so. There is a \$25 charge for copying and/or providing a copy of the medical record. We will only provide records relating to Dr. Rudlin's services. Records from other physicians will not be copied.

TREATMENT OF MINORS: Any patient under the age of 15 years will be considered a minor and will not be treated without the written consent of the parent and/or legal guardian. The parent or legal guardian MUST be present for the initial visit. The parent and/or legal guardian may appoint a representative to be present for subsequent visits, providing permission and consent for the representative is provided to this office *in writing prior to the visit*.

Under the laws of the Commonwealth of Virginia, patients over the age of 15 years, may, where allowed by the laws of the Commonwealth of Virginia and not prohibited by any Federal Law, request treatment without the consent of the parent and/or legal guardian, providing the patient understands that he/she will be fully responsible for the consequences of any medical care and of any charges incurred. However, we reserve the right to refuse to provide any and/or all medical care to patients under 18 years of age.

INACTIVATION and DISCHARGE FROM THE MEDICAL PRACTICE: Any patient may be discharged from the practice if any or all of the following conditions occur: (a) the patient cancels three or more visits without proper notification; (b) fails to keep three or more scheduled visits; (c) is not seen in the office for more than 12 months; (d) refuses or does not adhere to prescribed therapy or recommended medical treatment; (e) has an account balance past due for greater than 90 days; (f) we are not able to schedule an appointment or notify the patient of appointments, laboratory results, or other medically related issues, by regular USPS mail, phone or facsimile due to, but not limited to, failure to provide accurate and current address(es) and/or phone numbers; (g) the patient and/or legal guardian and Dr. Rudlin mutually agree to termination of medical care; (h) the patient and/or legal guardian informs, in writing, the practice that they wish to terminate the patient/doctor relationship and/or transfer medical care from this practice to another medical provider.

In the event of discharge from the medical practice, the medical practice and Dr. Rudlin will immediately cease to be responsible for providing any medical care and will not be liable for any consequences due to the omission of such care. No prescriptions, nor refills, will be provided for any patient considered inactive or discharged from the practice. Upon written request, payment of any account balance, and a \$25 fee, copies of the medical record will be provided to the patient and/or legal guardian.

Notification of discharge from the practice will be provided by regular USPS mail and deemed accepted and received 10 days after postmark. Notification will NOT be provided in writing in the cases of (g) or (h) listed above.

Any notifications returned with "No forwarding address" will be considered received, and that patient may be discharged from the medical practice.

GROWTH HORMONE PATIENTS: Please be aware that all patients in the practice who receive growth hormone, will be entered into a national database that tracks the response to growth hormone and any "adverse reactions" that might arise. Please be assured that the identity of the patient is NOT provided to these national databases. The purpose of the databases is to gather information as to the efficacy of growth hormone in various diseases and to identify as quickly as possible any "side effects" or "adverse reactions" that might occur. Obviously, this is very beneficial to not only patients currently on the medication, but to future patients as well. If you have questions concerning these databases, please speak with Dr. Rudlin. If you do not want to participate in these databases, please inform us in writing; otherwise, we will assume you have given us consent.