



## **Financial Policy**

### **Welcome**

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. We make every effort to keep your fees reasonable while at the same time covering the cost of services we provide. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

### **Fees and Payments**

Fees are standard and based on the complexity of your visit. Payment in full is required at the time of your visit and can be made in cash, check, or credit/debit card. Insurance copayments and deductibles are due at the time of service. While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Before your visit, contact the insurance company to verify that we are participants with your plan, and that the services you intend to receive are covered. In order for us to file a claim, you must present a CURRENT copy of your insurance at each visit and communicate any changes in your personal information. Not all services are a covered benefit in all policies, so it is important that you understand the provisions of your individual policy. Insurance companies select certain services that they will cover, therefore we can't guarantee payment of all claims by your insurance company. Reduction or rejection of your claim does not relieve you of your financial responsibility.

**PLEASE NOTE: Each visit is documented in your medical records and a diagnosis is made by the provider. Diagnoses are made based on medical information NOT based on coverage by Insurance Companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.**

George Iskander MD FACOG  
13890 Braddock Rd STE 201,  
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### **Self Pay**

In order to address the needs of our patients without insurance and patients with coverage limitations, we offer a set rate for services. Payment needs to be made IN FULL prior to your visit or procedure. This set rate applies to all medical services provided and is offered only at time of service.

### **Medicare and Medicaid**

We gladly accept Medicare patients and will bill our services at the allowed rate. Medicare regulations require that you sign an Advanced Beneficiary Notice (ABN) at every visit. This form helps to explain which services Medicare may not cover and may be your responsibility. Lab work will require a separate ABN signature. We gladly accept patients with Medicaid. Your current card must be presented at each visit.

**IT IS YOUR RESPONSIBILITY TO PROVIDE THE CURRENT INFORMATION AT EACH VISIT.**

### **Family Medical Leave Act and Disability Paperwork**

If your employer requires Family Medical Leave Act (FMLA) or Disability paperwork to be completed by your provider. The forms directly from your employer requiring additional information take considerable time for the staff to complete. We are happy to complete these forms for you; however there is a 5-7 business day turnaround and a charge of \$50.00, payable in advance.

### **Medical Records**

In order to be in compliance with Virginia State law and HIPAA regulations, we charge a per page charge, payable in advance, if you would like a copy of your records sent to you or another physician. This per page fee policy is available upon request. As always, if a collaborating physician requests portions of your record to assist in your care, there is no charge.

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**Credit Card Fee** – Payments processed by credit or debit card will be charged a 3.3% processing fee.

**No Show and Last Minute Cancellation Fees** – Patients who do not cancel 48 hours in advance or do not show up to their appointment will be charged a \$50 fee. Patients should reschedule or cancel their appointments 48 hours in advance. This is a courtesy to other patients who may need to be seen quickly. Appointments will be held for 15 minutes after the scheduled time. After this limit, you will be considered a no show and fees will apply.

**Collections Charge** -- Accounts that are not paid within 60 days from the due date may be sent to an External Collection agency and reported to the Credit Bureau. In addition to your outstanding balance, a 25% surcharge may be added to cover our costs. In addition, you may be removed from the practice.

**Required Debit/Credit Card on File**

All patients will be required to provide a credit or debit card on file effective August 1st, 2024. The card on file will be used to pay any remaining balance designated as “patient responsibility” per the Explanation of Benefits (EOB) from your insurance carrier. You will be notified of any large deductible or co-insurance charges prior to charging the card. If a payment plan is necessary, it will be set up at that time.

**We realize that temporary financial problems may affect payment to your account. If problems do arise, please contact our Billing Manager for assistance.**

By signing this agreement you understand and agree to the above terms.

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Patient Signature

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Date

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