



Lansdowne Office

19450 Deerfield Avenue, Suite 200
Leesburg, VA 20176
Phone: (703) 723-7337
Fax: (703) 723-8278

Purcellville Office

205 E Hirst Road, Suite 205
Purcellville, VA 20132
Phone: (540) 338-7065
Fax: (540) 338-9482

Patient Responsibilities

1. Please notify us of any changes in your address or insurance information at the time of the change.
2. Please notify us 3 – 4 business days before referrals are needed. If your insurance requires a prior authorization for services or medications, please notify us at least 3 business days before the referral is needed.
3. Your provider may order tests that are medically necessary. It is your responsibility to contact your insurance company to determine the facilities that participate with your specific insurance plan for labs, x-rays, and other similar tests. Please allow 5 business days to be notified of these results unless your provider tells you otherwise.
4. All appointments (besides our 7:30 AM – 8:30 AM walk-in sick appointments) must be scheduled in advance. If you need to cancel or reschedule an appointment, please call 24 business hours before your scheduled appointment. There will be a \$50 charge to your child's account for all missed or cancelled appointments that are not cancelled at least 24 business hours in advance.
5. Please pay your child's bills promptly. If there is a financial hardship, please contact our Accounts Receivable representative at (703) 737-6001 x 127. There will be a \$32 charge to your child's account for all returned checks.
6. Parents are responsible for being familiar with their insurance plans and the covered services. Charges that are deemed by the insurance company to be patient responsibility shall be paid in full. Payment plans are available based on graduated percentages of the total account balance. A missed payment shall result in a \$25 service fee to reactivate the payment plan.
7. Co-payments are collected at the time of service. In the event that you are unable to pay your child's co-payment, we will charge a \$5 service fee to your child's account in addition to the co-payment amount.
8. Virginia State Code 8.04-41 allows medical practices to charge a fee for copying medical records. We charge \$10 per child. Written medical forms incur a charge of \$10 per form. Additional forms dropped off at the same time incur a charge of \$5 per form.
9. In order to obtain a prescription refill, please first call your pharmacy, which will then contact our office. We require 2 business days to process your refill. Prescriptions for controlled substances (such as stimulants or narcotics) must be picked up in the office in person and cannot be sent via mail. Mail-order prescriptions must also be picked up in the office.
10. We will utilize voice greetings in both offices after regular business hours with the number of our after-hours answering service. Please call this number in order to page the provider on call. Please realize that the provider is available for **urgent medical matters only**. Loudoun Pediatric Associates directly bills patients for phone calls. Patients are responsible for making payment to patient accounts promptly.
11. We have walk-in sick appointments available in both offices Mon-Fri from 7:30 AM – 8:30 AM. These visits should not be for ER follow-ups or health issues that have been chronic (ongoing) in nature. You may be asked to schedule an appointment to allow for appropriate time to properly discuss these types of matters. We do not have walk-in appointments available on Saturdays or Sundays.
12. We follow the Virginia Board of Medicine regulation (18VAC85-20-26) that requires us to maintain patient records for at least 6 years after the last encounter, or until a minor patient is at least 18 years old with a minimum of 6 years since the last patient encounter. We automatically shred paper charts of non-current patients after meeting this record retention obligation. This regulation concerns patients who visited LPA prior to 2007; we have used electronic medical records since that point.
13. Our prices are set by our parent company, Loudoun Medical Group, and are thus subject to change without notice. We charge your insurance company as a courtesy to you and your family, and we charge based on Current Procedural Terminology (CPT) codes. You are welcome at any time to ask for the price of a service or medicine before obtaining it; however, you are responsible for all charges billed to your insurance company that your insurance company then deems as an "appropriate charge" but then applies as "patient's responsibility." We cannot be responsible for the insurance coverage chosen by your employer or the policyholder.

I have read and understand the responsibilities above.

By signing below, I also acknowledge that I have received a copy of the Loudoun Medical Group Privacy Practices for my child or children seen at this practice.

Patient Name(s) _____

Parent Signature _____ Date _____

Thank you for your kind understanding regarding these matters.



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Your cooperation will ensure smooth processing of your documentation and healthcare needs.