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Primary Health Group – Appomattox is dedicated to making your experience here a good one. Please initial the following policies we have in place in order for us to concentrate on giving you the best care possible:

_____ If authorization is needed for your office visit, it is the patient’s responsibility to obtain this from their primary care physician. Failure to obtain an authorization could result in payment denial from the insurance company and this would result in becoming the patient’s responsibility.

_____ As allowed under Virginia State Law there is a medical record fee for copying of all medical records. The charge is as follows: \$.50 a page for the first 50 pages and \$.25 thereafter. Please allow 7 to 10 business days for all medical record requests.

_____ Forms that need to be filled out without an office visit will be charged a \$20.00 form fee to allow the physician to appropriately review the patients chart and to fill out forms correctly.

_____ If you require a prescription to be filled we will be happy to write it for you. However please allow 24 to 48 hours for refill requests.

_____ Our office participates with the Virginia prescription Monitoring Program for all Controlled Substances. We may access information in the program files on all Schedule II, III, or IV prescriptions dispensed to a patient.

_____ It is the responsibility of the patient or guarantor to make sure Primary Health Group – Appomattox has the correct insurance information on file and that we are the patient’s PCP. Failure of payment from insurance company will result in patient billing and responsibility.

Signed

Date