



**Laura S. Phieffer, M.D.      Christopher R. Gorman, M.D.**  
**Board Certified Dermatologists**

## **OFFICE POLICIES**

**Office Hours:** The office is open Monday-Friday from 8 a.m. until 5 p.m.

**Phone Calls:** Phone calls regarding prescription refills and other questions will be returned by the end of each business day.

**Referrals:** If your insurance requires you to have a referral to be seen by a specialist, it is your responsibility to obtain your referral before your scheduled appointment. Failure to obtain a referral will result in a self-pay status with payment due at time of service.

**Assignment and Release:** By signing below you are assigning your insurance benefits to be paid directly to the Physician. You will be financially responsible for any copayments, deductibles or non-covered services. This also authorizes the Physician to release information required to process your claims.

**Cancellations/No Shows:** We require 24 hours notice for any cancellation. If you are unable to keep your appointment, please be sure to give us 24 hours notice so someone else may use that time. Failure to give this notice will result in a \$35.00 fee.

**Forms:** There is a \$20.00 form fee (ie disability forms, dmv forms, workers comp forms, etc).

**Medical Records:** Effective Oct. 19, 2005, Board of Medicine regulations (18VAC85-20-26) now requires physician practices to maintain an adult patient's records for a minimum of six years following the last patient encounter. The regulations provide an exception to this retention requirement for records that previously have been transferred to another physician or that have been provided to the patient. Records of a minor child, including immunizations, must be maintained until the child reaches 18, with a minimum time retention of six years from the last patient encounter regardless of the age of the child. As allowed under Virginia State Law, there is a medical record fee for copying medical records. The charge will be \$.50 per page plus the cost of postage and is due prior to turning those copies over to the patient.

**Payment Policies:** If you do not have insurance or are having a cosmetic procedure done, payment is due at the time of service. If you have insurance, the co-pay is due at the time of service. Any portion not covered by your insurance plan is expected to be paid by you after payment by the insurance company. Balances older than 90 days old will need to be paid prior to any future appointments.

**Information Updates:** Please bring your insurance card with you to every visit to ensure we have correct information. Please notify us of any other changes regarding your name, address or phone number.

**After Hours:** If you are having an emergency, please call 911. You may leave non-emergency messages on our voice mail.

**Staying on Schedule:** Please help us appoint enough time for all your medical concerns by letting us know the reason for your visit when you make your appointment. If you think of another medical issue during your visit, please schedule another appointment so that others can be seen promptly as well.

**Thank you for choosing AVENUES DERMATOLOGY (804)288-4410**

**Our Mission: To Provide the Best Dermatology Care in  
a Beautiful and Friendly Environment.**

**Please acknowledge, by your signature below, that you have received and reviewed our Office Policies.**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**