



Dr. Glenda Thomas, DNP, FNP-C

611 S. Carlin Springs Rd. Suite 412

Arlington, VA 22204 Telephone: (703) 344-2004 Fax: (703) 931-1819 Email: office@venesaludpc.com

OFFICE POLICY AND PROCEDURES

Thank you for choosing us as your Primary Care Clinic. We are committed to providing you with the best possible health care. The following policies and procedures are intended to help us serve you better.

Website

Please visit <http://www.venesaludpc.com> for general information about our practice including directions, office hours and closures.

Confirmation, Timely Arrival and Cancellation

Our office staff works hard to accommodate your schedule when offering appointment dates and times. We usually confirm your appointment within 48 hours prior to your visit. We request that if you must cancel your appointment, you kindly provide us at least 24 business hours notice.

Payment Options

Our office accepts payment via DEBIT/CREDIT CARDS (Visa, Mastercard, American Express, Discover), and CASH for the services rendered. Payment is due on the day of service. If you need an itemized bill, we can provide it after the visit at your request.

Payment Policies

We do not accept insurance plans, and we cannot guarantee that services (consultations, office visits, laboratory, or diagnostic testing, etc.) will be reimbursed by your health insurance. We can provide you with diagnosis and procedure codes so you may inquire with your health insurance about their reimbursement rates. However, since our office does not accept insurance plans, payment must be made in full at the time services are rendered with No Exceptions. Any balances that remain unpaid after 30 days from the date of service will be evaluated, and may be turned over to a collection agency or attorney for processing. If your account is turned over to a collections agency, you WILL be responsible for any fees imposed by the collections agency. These fees can be in excess of FIFTY PERCENT (50%) of the outstanding balance and are added to the original balance due.

VeneSalud Primary Care reserves the right to change the office policy and procedures at any time and without notification. An updated form will be available upon your request.

Certification

I have acknowledged that I have read and fully understand the above financial office policy. I understand and fully accept the terms herein. I agree that a photocopy of this agreement shall be valid as the original. This authorization shall remain valid until revoked in writing.

Signature of Patient/Patient's representative

Date

Printed name of person signing above