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Phone: (703)327-2434 Fax: (703)327-2729
www.vc4hw.com, IntegrativeMedicineClinic@gmail.com

Patient Name: _____

Date of Birth: _____ **Medicare Eligible:** ___ yes ___ no

Gender: ___ Male ___ Female Marital Status: _____

Occupation: _____

E-mail address: _____

Address: _____ City _____

State: _____ Zip Code _____

Cel Phone: _____ Home Phone: _____

Best phone number to contact: _____

May we leave a message? _____

Emergency Contact (name and number): _____

Please list any individuals that we may discuss your medical information :

~Our physicians here at the Virginia Center for Health and Wellness are not primary care physicians. You will need to contact your general practice physician for all general medical conditions. Please provide your primary care physicians information:

Name: _____

Phone number: _____

~Test results will be reviewed at your next scheduled appointment. It is your responsibility to schedule a follow-up appointment to discuss the test results. Please note, some specialized tests can take up to 8 weeks to receive results.

initials: _____

~If you need a prescription refill please contact your pharmacy and they will send over a refill request. Please allow 48 hours to complete refill requests. If you are changing pharmacies and need a new prescription written, please email the new pharmacy information to:

integrativemedicineclinic@gmail.com

I have read and understand how to obtain my prescription refills.

initials: _____

~IV appointments require 24 hour notice to ensure we not only have the space available, but the supplies necessary for your IV.

initials: _____

~Calls and email that take over 10 minutes will be billed at the same rate as an in-person appointment.

Appointments for telephone consultations are available for existing patients during regular business hours. In general, there is no charge for brief, uncomplicated questions.

Calls that take over 10 minutes will be billed at the same rate as a 30-minute phone consultation.

For non-urgent matters that would be best attended to during an appointment, we recommend that you schedule an appointment.

We are available for non-urgent questions by email. Please do not email urgent issues that require same day attention.

initials: _____

~Our scheduling system will send appointment reminders to the email address we have on file. If you do not receive the reminder you are still responsible for keeping your appointment or rescheduling it.

You must cancel your appointment within 24 BUSINESS HOURS. Please remember we are not in the office on Fridays, so a Monday appointment will need to be cancelled by the end of the day on Thursday.

If you cancel your appointment on the same day, or do not show for your appointment, you will be billed a \$100 cancellation fee.

You will not be able to refill prescriptions or schedule further appointments until these fees are settled.

initials: _____

Please note: Full payment is required at the time of service. WE DO NOT PARTICIPATE WITH ANY INSURANCE PLANS. Patients are responsible for filing their own insurance claims. A receipt for services will include the insurance codes necessary for the filing process. The Virginia Center for Health and Wellness is not responsible for any insurance denial or partial reimbursement. Please check with your insurance regarding coverage for any tests or labs that your doctor might order.

Medicare patients are hereby informed that we have OPTED OUT of the Medicare program. Medicare patients are required to inform The Virginia Center for Health and wellness should they become eligible for the Medicare program.

If you are Medicare eligible, please complete the opt out form.

I have read the previous statements and understand that full payment is expected at the time of service.

Date: _____ Signature: _____

While we do not participate in insurance plans, some of the tests our doctors order might be covered by your plan. Please provide your insurance information **FOR REFERENCE ONLY.**

insurance provider: _____

member number: _____

group number: _____ insurance phone: _____