

## Massoud Saberinia, MD

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Endocrinology & Metabolism  
Clinical Assist. Professor of Medicine, Georgetown University

1715 North George Mason Drive  
Suite 408  
Arlington, VA 22205  
**Tel:** (703) 526-0666  
**Fax:** (703) 526-0361

9001 Digges Road  
Suite 208  
Manassas, VA 20110  
**Tel:** (703) 530-7888

**Online:** [www.dr Saberinia.com](http://www.dr Saberinia.com)

## OFFICE POLICY

### **Appointments**

The Office of Dr. Saberinia (the “Office”) is open Monday through Friday from 8:00 AM to 4:30 PM. We will call you at least two (2) days in advance to confirm each appointment. These courtesy calls are reminders and it is ultimately the patient’s responsibility to remember the appointment date/time.

For every appointment, please bring your photo ID, your current insurance card and if your insurance requires a referral, make sure to bring the referral with you. You will be asked for this information at the time of check-in.

We have a very busy office and unexpected emergencies and delays can occur. We respect your time and will make every effort to see you on schedule. If you arrive late, you will be asked to wait until we can fit you in, otherwise you will be rescheduled.

We ask that all follow-up appointments be made before leaving the office.

### **No Shows or Cancelations**

We ask to be given at least one (1) business day in advance to cancel or reschedule an appointment. Failure to do so will result in a \$35 fee for any missed appointments or cancelations made on the same day. Voicemail messages received after hours, weekends or holidays to cancel or reschedule an appointment the following business day will be considered a no show.

As a courtesy to our patients, we ask that an appointment cannot be rescheduled more than two (2) consecutive times. No shows or cancelations will be documented in your electronic health record (EHR) and a history of no shows may result in refusal to schedule future appointments.

## **Insurance and Financial Policies**

The Office accepts a number of health insurance plans. Participation with insurance plans changes periodically so it is recommended to contact the Office to verify participation with your particular plan. While scheduling your appointment, check with the Office to see if we accept your insurance. Insurance plans are agreements made between the patient and the insurer, and the Office cannot ensure that an insurance provider will pay for your care. While our staff would be happy to assist you with most insurance matters, problems related to your insurance coverage should be handled between you and your insurance company. It is recommended to contact your insurance company to learn the specifics of your coverage including its benefits, limitations and referral requirements. It is your responsibility as the patient to understand the types of coverage your health insurance provides, e.g. routine exams, and to be sure that you meet all requirements specified by your plan. Your health insurance provider will be able to inform you of your level of coverage and what, if any, co-payments, coinsurance and deductibles will be your responsibility. If you do not contact your insurance company, you can ultimately be responsible for all or a large portion of your bill.

The Office does not file claims with secondary insurance providers; please make sure your plans “Cross Over.”

If you have any billing or insurance questions, please contact the Office and we will be happy to discuss with you.

### **Up-to-Date Insurance Information**

It is the patient’s responsibility to provide accurate and up-to-date insurance information at every appointment. Failure to provide accurate information will result in being billed as self-pay along with being charged a processing fee.

### **Payment**

Payment is expected at the time of service for all charges owed (co-payment, co-insurance, deductible) for the current visit as well as any prior balance.

Payment of any balance is due upon receipt of your statement. Any unpaid balance and/or co-pay will render a late charge fee for every month the balance and/or co-pay goes unpaid as well as any unpaid balance and/or copay not paid at the time of service will render a service charge fee. Patients with any outstanding balance not paid after 60 days may be referred to an outside collection agency with a collection fee added to the balance. This may result in additional costs for the patient as well as potential dismissal from the practice.

If a personal check is returned from the bank with insufficient funds, there will be a returned check fee added to the balance.

### **Credit/Debit Card On File**

All patients are asked to have an active credit or debit card (Visa or MasterCard) on file. We will save

your credit card information which will be held securely using our third-party, off-site payment processor (Heartland Payment System). The Office will charge the balance that you owe after processing your claim with your insurance company in order to confirm the patient responsibility. The Office will contact you by phone to confirm the remaining balance owed prior to charging the card. A voicemail message will be left if you are unavailable by phone. After charging the balance owed to your card on file, we will e-mail a receipt for the charge if we have an e-mail on file. In the case of a declined credit/debit card, you will be given 48 hours to provide alternative payment. If a payment is not made, an additional processing fee will be added to your bill and mailed to you.

Patients with a deductible will need a credit or debit card on file in order to process any deductible charges that may be owed after claim processing. The Office will notify these patients if any further payment is due before charging the card on file.

If you choose not to put a credit/debit card on file, the following fee will be charged at each follow-up appointment which will be used to pay for your outstanding balance:

- New Patients: Minimum of \$280
- Established Patients: Minimum of \$150

Please note that if your outstanding balance is more than the amount collected, you will be billed for the difference.

### **Medicare Patients**

Patients whose primary insurance coverage is through Medicare must also have up-to-date secondary insurance information in our system. This will allow the remaining balance to be automatically submitted to your secondary insurance as long as you are signed up for the rollover plan. Please note that we do not file claims with secondary insurance.

### **Uninsured Patients**

Uninsured or self-pay patients are expected to make payment in full at the time services are rendered. Patients paying the total charges owed will be given a prompt pay discount.

### **Out-of-Network Patients**

Patients whose insurance companies do not participate with the Office will have their balance collected up-front and if possible, these claims will be filed by the Office on the patient's behalf. If after processing your insurance company pays for a portion of your bill, the Office will credit the patient for any difference.

### **Referrals**

If you require a referral from your primary care physician (PCP) for your appointment, please understand that obtaining this referral is the patient's responsibility. If you arrive for an appointment without a referral, you will have to choose between leaving without being seen or you will have to pay

out-of-pocket for your visit (Self-Pay). If you elect to leave without being seen, you will be charged a missed appointment fee.

## **Prescription Refills**

The Office requires 48 hours' notice for all medication refill requests. Please plan ahead and do not wait until you are out of medication. The preferred method for requests is for the patient to contact their pharmacy and request a refill. The pharmacy can e-prescribe the request to the Office. Prescription refills are not filled during after-hours or on weekends.

Please be aware that we do not call in medications unless a) it is the first time you are prescribed medication by the doctor; b) there is a change in your prescription or c) there is a change in your pharmacy.

Please be aware that the Office does not mail prescriptions, lab orders, or lab results.

## **Lab Orders**

Lab orders needed before follow-up appointments should be asked for at least 3 weeks in advance and can either be placed on PSC Hold (Quest Diagnostics), faxed (to patient, LabCorp, hospital, etc.) or picked up at the Office.

Please understand that only the doctor can write a lab order. If you go to the lab and forget to bring your order or do not call ahead of time to verify the order has been received (electronically or via fax), we cannot interrupt the doctor while he is with a patient. You may have to wait up to 30 minutes for an order to be filled and sent to your lab.

Please refrain from requesting lab orders the day prior to your scheduled follow-up appointment.

## **Medical Records**

All medical record copy requests must be accompanied by the appropriate signed request form. There is a processing fee involved for all record copy requests. Please allow 7-10 business days for processing the request.

## **Lab Results**

You must make a follow-up appointment to discuss your lab results. **Our staff is not allowed to discuss lab results over the phone.** Lab results with abnormalities or requiring further discussion will be addressed by a personal phone call from Dr. Saberinia or will require an earlier follow-up appointment. If the test results do not require immediate attention, Dr. Saberinia will discuss the results and any actions that need to be taken during your next follow-up visit.

**ACKNOWLEDGEMENT OF POLICIES**

By initialing below, you certify that you have read and understand the policies hereto, accept the above conditions and terms and you agree to pay all charges for which you may be legally responsible including, but not limited to health insurance deductibles, co-payments, and non-covered. You also understand and agree that this document will remain in effect for all future office visits.

Initials: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES (HIPAA)**

We maintain a record of the healthcare services that we provide you and you may ask to see and copy your medical record. You may also ask to correct the record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information. By initialing below, you acknowledge receipt of the Notice of Privacy Practices.

Initials: \_\_\_\_\_

**RELEASE OF INFORMATION FOR PAYMENT OF SERVICES**

I authorize this Office to release all information necessary for payment of services rendered, including medical records. I authorize any payers to pay benefits directly to this Office. Any insurance requirements such as referrals or prior authorization are strictly the patient's responsibility. I understand that I am financially responsible for all services regardless of insurance benefits and I am required to update my demographics and insurance with this Office as necessary. I agree to promptly pay for the services rendered for me, or the above named patient. If I fail to meet my financial commitment to Dr. Massoud Saberinia and it becomes necessary to take action to collect my account, I agree to pay all costs and expenses incurred in the collection of my account, including attorney and collection agency fees.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Patient or Guardian Signature authorizing medical evaluation and treatment

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date