



Physicians & Surgeons PC

103 W. South Street

158 Front Royal Pike Suite 300

Woodstock, VA 22664

Winchester, VA 22602

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Phone: (540)409-5254

Fax: (540)409-5253

### **Financial Policy**

**(initial)** \_\_\_\_\_ We make every effort to provide prompt medical care to each of our patients. Effective, January 1<sup>st</sup>, 2024, if you are unable to keep your scheduled appointment, a 24-hour notice to cancel the appointment is required. If proper notification is NOT received within 24 hours, I understand I will be charged a “no-show” fee of \$75.00 before rescheduling a new appointment. This pertains to appointments scheduled Monday through Friday.

**(initial)** \_\_\_\_\_ If there is an identified pattern of no-shows, defined as three (3) or more consecutive times within one (1) year, I understand that I will be discharged from the practice.

**(initial)** \_\_\_\_\_ It is our intention to maintain all patient accounts in our office. However, if your account becomes past due, the office will take the necessary steps to collect this debt. In the event your account is turned over to our collection agency, collection fees will be added to your balance. I understand I will be responsible for all collection fees, up to 50% of my total account balance.

**(initial)** \_\_\_\_\_ If payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF) or Account Closed (AC), I understand I will be responsible for the original check amount and an additional \$35.00 service charge.

New Patient emergencies: If an appointment is fit within the week of an emergency referral from either the ER or another provider, & Dr. Hynes is not on call for Valley Health, an additional fee of \$50.00 will be charged at time of visit on top of charges occurred during visit.

\*All fees/charges quoted above are subject to change at any time, and without prior notification. Regardless of insurance coverage (in network or out of network) patients will still be accountable for any bills received from Eye Care Physicians and Surgeons.

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**Patient Signature**

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**Date**