

OFFICE POLICIES & CONSENTS
Amy Alson, MD
205 East High St., Charlottesville, VA 22902
Phone: (434) 984-1100 FAX: (434) 260-3853

Office visits and fees:

Office hours are Wednesday-Saturday, by appointment only.

48-hour notice is required for cancellations. You will be charged the full appointment fee for late cancellations or missed appointments.

Full payment is due at the time of service by check, cash, or credit card. I do not participate in insurance panels or Medicare or Medicaid, and I do not file insurance claims. Your statement contains the information needed for you to file claims for non-Medicare out-of-network benefits. Additional services subject to charge include extensive telephone consultation, records requests and review, extensive administrative services. **Your credit card will be charged if payment is not made by other means.**

Prescriptions:

It is your responsibility to ensure that you don't run out of medication. I require 72 hours for prescription requests between appointments, and prescriptions may not be provided on holidays. Prescription requests will not be authorized if you fail to keep follow-up appointments. I do not respond to automated refill requests faxed by pharmacies.

I use the Virginia Prescription Monitoring Program database to monitor past and ongoing use of monitored prescription drugs.

I use a secure cloud-based Electronic Health Record (EHR) system, for maintenance of required Documentation and to transmit prescriptions to your pharmacy electronically when possible. This EHR gives me access to your prescription history as documented in an electronic pharmacy database, when available.

Emergency/after hours:

In a life-threatening medical emergency, call 911 or go to the nearest hospital emergency department immediately.

For non-emergent care after hours, call (434) 984-1100. My voice mail is confidential, and I do my best to return calls within 48 hours. You may communicate with me between appointments through a secure electronic portal which is part of my EHR.

I do not communicate with patients through text messaging.

I do not provide medical services through email.

Your signature, below, expresses your understanding of, and agreement with these terms, and authorizes Dr. Alson to bill your credit card.

Print Name

Signature

Date

Credit card number

Expiration date

Security code