



River Valley **Healthcare** Associates

Today's Date: _____

Patient Number: _____

PATIENT LETTER AND INFORMATION

Dear Patient,

Thank you for choosing **River Valley Healthcare Associates** to provide your health care needs. It is our pleasure to welcome you to our health care family and we hope to foster a relationship with you and your family for years to come. Our mission is to promote the health of our patients by providing accessible, affordable, high- quality, comprehensive, and personalized health care service. Our values are guiding principles that serves as the foundation for everything we think, say, or do. An Internal Medicine physician is trained in a branch of medicine that deals with the diagnosis and treatment of diseases that do not require surgery. This doctor is able to be a primary doctor and work in the hospital. We care for teenagers 14 years old and for adults. Please feel free to share the news of the practice with your family and friends.

Office Information:

Address: 28 Town Center Dr., Dublin, VA 24084. Website: www.rvha.life
Phone number: 540-835-0500 Fax number: 540-307-5070

Hours: Monday through Friday 8:30 am-12 pm, 12:45 pm to 4:30 pm. Weekend and late nights will be available and specific information will follow.

Holidays: The office will be closed:

New Year 's Eve 12:00PM (*Last appointment at 11:30 AM*)

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Eve 12:00PM (*Last appointment at 11:30 AM*)

Thanksgiving Day

Friday following Thanksgiving 12:00PM (*Last appointment at 11:30 AM*)

Christmas Eve 12:00PM (*Last appointment at 11:30 AM*)

Christmas Day

Day after Christmas (*Contact office for more information*)

Phone Calls:

During office hours

Press 2- Appointments, medical records, or to speak to the receptionist

Press 3- Hours, address, fax number, and directions

Press 4- Dr. Osemobor's Nurse

Press 5- Dr. Stewart's Nurse

Press 6- Billing Department

After hours **emergencies** should be handled by going directly to the Emergency Room.

Phone calls made after 4 pm, please allow for a return phone call the following business day.

Appointment:

In scheduling appointments, it is our intent to see you as soon as possible, given the constraints of our mutual schedules. We will make every attempt to see sick patients the same day. Please call by 1 pm to make the possibilities of a same day appointment more probable. Our staff will offer you the first available appointment and will make every effort to accommodate requests. Please be aware that emergencies do arise which might delay your scheduled appointment. Your time is valuable so please know that we will do our best to avoid it if in our power. You will receive a courtesy reminder. Please **call** us back if you need to change the time of your appointment to avoid a missed appointment charge at 540-835-0500. **PATIENTS WITH CANCELLATIONS LESS THAN 12 HOURS PRIOR TO THEIR APPOINTMENT AND/OR MISSED APPOINTMENT (NO SHOW) WILL BE CHARGED \$25 AND NEED TO BE PAID IN FULL BEFORE THE NEXT APPOINTMENT.**

Prescription Refills:

All prescription refills requests will be processed within two working days. Please be aware that the doctors at RVHA (River Valley Healthcare Associates) cannot refill all requests and that certain needs, such as those for pain medication, controlled substances or antibiotics will need an office visit. Please plan accordingly.

To obtain a refill, please call your pharmacy first. If you still have a problem, then call the office so we can address it. Certain medications require monthly prescription. Please call the office 2-3 days before your due date to have it refilled to ensure that you do not suffer any side effects from being off of the medication. If your due date is on the weekend, please call the office 2-3 days before the weekend to ask for a refill. No refills will be given after hours or on the weekend.

Prescription Monitoring Program for Controlled Substances

Our country is experiencing an epidemic of prescription medication abuse and diversion. Virginia established the Prescription Monitoring Program to help reduce improper use of controlled substances. The doctors at RVHA participate in this program. Controlled substances include narcotics, anxiety, and ADD medications such as but not limited to: Vicodine, Codeine, Hydrocodone, Hydromorphone, Ritalin, Adderall, Valium, Xanax, and some muscle relaxers such as Soma. **Signing the form that confirms you have received this letter and agree, includes your acknowledgement and**

permission for RVHA to look up information on medication you have received.

As a general rule, controlled substances are to be prescribed by one doctor, either the doctors at RVHA or another specialist. Medication given by the ER must be reported to this practice if you are under contact with RVHA. The doctors at RVHA will not prescribe them without first communicating with the other physician. Violation of this policy will result in dismissal from the practice. See Virginia Code Chapter 54.1-2519, Regulation 18 VAC 76-20-70 for more information.

Clinical Phone Calls:

Most medical questions are best answered during an office visit with the doctors at RVHA to hear you concerns directly. Please call the receptionist for questions that you think may not require an office visit.

Test Results:

Results are generally received in our office within 3-7 business days after the tests have been performed. The doctors of RVHA will review all reports and should receive notification of the results. Some reports will be available on the Patient Portal. If you have not heard from the office within 2 weeks, please call us to inquire as to the status of your test.

Referrals:

Patients whose insurance plans require referrals to specialty physicians must first receive authorization from the doctors at RVHA and the doctors at RVHA must be designated as your primary care physician (PCP). To request a referral, please contact the front desk. If you have not been seen in our office within the past 6 months for the condition necessitating the referral, you will need to schedule an office visit prior to receiving the referral. If a referral should have been scheduled and you have not have an appointment 2 weeks after contacting our office, please call your doctor's nurse for more information.

Identification:

For billing purposes, please bring current photo identification and your insurance card with you at the time of your scheduled visit.

Non-Insured:

Our goal is to service the community. If you do not have insurance, or established a patient who loses their insurance, please know that we will have a non-insurance form that must be filled out to then be approved. Once approved, the terms will be told to you and you can then make a decision on the information given to you. If you obtain insurance, you are required to give us that information within a week to the effective date. To continue being seen as a non-insured and have insurance, could result in dismissal from the practice and any monetary balance will be sent to collections.

Patient Privacy:

The office will maintain the confidentiality of patient medical and financial information, as required by law. Upon registration, you will be provided access to our privacy policy and be asked to sign a form acknowledging the policy (HIPPA form).

Medical Records:

Original records are the property of the Practice. Per federal regulations, we require a signed Release of Medical Records form prior to processing a requests for copies. Pursuant of Virginia Code, you may be charged fee sufficient to cover the duplication of records and postage/shipping costs. We require payment in advance. Processing will be completed within 15 days from the date we receive your signed authorization and payment. Urgent request will be treated as such.

Financial Policies:

We require you to pay the patient portion of your payment (co-pay) in full at the time of the visit. Payments may be made in forms of cash, check, MasterCard, Visa, or debit card. Please be aware that federal regulations require us to collect all co-pays and bill for all services. To assist you in understanding your financial responsibilities, please refer to the patient Financial Agreement Policy.

Professional Courtesy:

Professional courtesy could be misinterpreted in the current regulatory environment. To maintain compliance with applicable governing rules and regulations, we are not permitted to offer professional courtesy.

Billing Inquires:

Please call our main number and dial 6 to speak to our Billing Department through the Billing Company (PrognoCis). If you still have billing questions, please call our receptionist. Our staff will make every attempt to assist you at the time of your call. Please have the information available that you wish to discuss.

Patient Rights & Responsibilities:

At RIVER VALLEY HEALTHCARE ASSOCIATES our goal is to provide excellent health care to every patient. Our patients have the following rights and responsibilities regardless of race, color, culture, language, ethnicity, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, age, national origin, physical or mental disability and / or veteran status.

IT IS YOUR RESPONSIBILITY TO:

- Give correct and complete information about your health status and health history.
- Ask questions if you do not understand information or instructions.
- Inform your physician if you do not intend to or cannot follow the treatment plan.
- Accept health consequences that may occur if you decide to refuse treatment or instructions.
- Cooperate with your physician.
- Respect the rights and property of other patients
- Tell your physician of any medications you where prescribe by other physicians
- Report any changes in your health status to your physician.

YOU HAVE THE RIGHT TO:

Respect and Privacy:

- Respect in a caring and safe environment
- Personal privacy and confidentiality of your health information

Quality Care:

- Proper evaluation and treatment
- Proper pain assessment and pain management
- Be free from abuse
- Spiritual services upon request
- Have your concerns heard and resolved when possible. If you have concerns about our care, contact your physician.

Information & Communication:

- Communicate with your physician in a language or method you can understand.
- Have your personal physician and a person of your choice notified when you are admitted to the hospital
- Be informed about your health status, recommended treatments, options, risks and benefits.
- Information about the costs of your care and payment methods

Make Decisions

- Be involved with your care through discussions with your physician
- Be informed of benefits and risks of your treatment options and agree to or refuse a course of action
- Designate a support person (or persons) of your choosing to be involved in your care when appropriate.
- Direct your care through an Advance Directives. Advance Directives are legal forms which state your choice about the care you want to receive in serious health situation. Advance Directives are also used to name someone to make decisions for you if you cannot speak for yourself. At your request, we will help you create an Advance Directive.



CONSENT FOR LETTER AND PRACTICE INFORMATION

I acknowledge that I have read this letter and agree to the information above.

Signature

Print name

Date

Prescription Monitoring Program for Controlled Substances

I understand that the Dr. Ehikioya Osemobor and Dr. Knotresha Stewart participates in the Virginia Prescription Monitoring Program. And give my consent for them to access this database if needed in the event they prescribes me a controlled substance. Further, I understand and agree for Dr. Osemobor and Dr. Stewart to consult with any other physician prescribing controlled substances to me for prescription compliance.

Signature

Print name

Date

Office Policies:

I understand patients with cancellations less than 12 hours prior to their appointment and missed appointment are charged \$25 and must be paid before next appointment. _____ (Initial)

I understand that I am responsible for knowing if my insurance policy requires a formal referral to specialty physician. RVHA staff is not responsible for any denial claims arising from failure to obtain a formal authorization. _____ (Initial)

I understand that my medical records are protected information and a record release is required to process any request for copies. I understand copy and postage/shipping costs are not billable to my insurance company and agree to pay these associated fees when applied. _____ (Initial)

