

Dear Patient:

I would like to welcome you as a patient to Nova and acquaint you with our practice procedures and how they relate to many of the managed care insurance programs with which we participate. If your carrier is one of the few with whom we do not participate, please let us know.

We wish to clarify how health maintenance organizations (HMOs) and preferred provider organizations (PPOs), work with Nova.

1. Managed care organizations require both the patient and physician to adhere to rules designed to provide medical care at an affordable price. To accomplish this goal, managed care organizations prohibit certain procedures in several situations including situations where they believe that medical research shows the treatment or lab test in question has not been conclusively proven. If in our medical judgment, we believe that you need a procedure or treatment not approved by your plan, we will vigorously appeal this decision for you. We do not always know their positions in advance of ordering tests.

2. HMOs reimburse the Primary Care Physician (PCP) at a monthly rate typically \$8.00-\$26.00 per month per patient. This fee is paid to the PCP regardless of whether the patient accesses health care. This monthly payment is considered payment in full minus any co-payments for physician-related services such as office visits, hospital visits, and many office procedures. Some HMOs pay a reduced fee for procedures performed in the office such, as cardiac stress tests and minor surgeries. This co-pay may vary for urgent care versus medical care visits.

3. A very few HMOs and PPOs have contracted with Nova, but not with our urgent care. Therefore, medical services provided at our urgent care may not be reimbursed. Please ask our staff if your plan participates with our Urgent Care. If medical services are covered, please refer to the attached explanation of procedures which you must follow prior to accessing these services.

Managed care organizations aspire to provide cost-effective quality health care. Currently health care costs represent 17% of GNP in the United States and are approaching 20% by the end of the next decade. Everyone benefits from controlling health care costs. By minimizing unnecessary costs, insurance premiums are reduced. To attain this goal, the patient, the physician, employer, and insurance company must work cooperatively. This cooperation is attained, in part, by the patient receiving timely health care to help prevent complications and reduce hospitalization time, adherence to treatment regimens and referrals to specialists when PCP determines that this referral is medically necessary. Routine medical services, including gynecological care, are safely provided by the PCP and reduce the cost of health care.

Patients can assist in reducing costs by scheduling an appointment at Nova prior to requesting services from a specialist. Referrals are made on the basis of medical necessity as determined by the PCP and not solely at the request of the patient.

Compliance Program

Healthcare fraud and abuse have been identified as a national problem, costing taxpayers literally billions of dollars each year. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding regulatory compliance. We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine accurate compensation for our services in accordance with the governmental rules, laws, and regulations. Nova strives to comply with all Medicare and Medicaid regulations. As part of this plan, we have implemented a Compliance Program designed to enhance compliance.

We welcome your input regarding any problem, or questions you may have. We are happy to address any concerns.

Referrals

We strive to provide you with the highest possible quality and cost-effective medical care. Therefore, Nova has adopted the following policies pertaining to referrals:

1. Routine medical services are performed at Nova and are not referred to a specialist.
2. When we determine that a referral is necessary, we grant a referral for one to three visits. Additional referrals are granted only after the specialist provides a medical treatment plan. Frequently, follow-up care (often working together with the specialist) can be provided by the PCP with the same medical outcome, but in a more cost-effective manner. Our direct referral line is 703.554.1050. If no one is available, please leave your name, telephone number, and request for referral, and someone will complete your referral or call you back for additional information within 48 hours (2 business days).
3. Except in urgent matters, 48-hour notice is required to complete the referral process. Please do not see a specialist without a referral. Your insurance company may not reimburse you for the visit since most companies require a referral from your PCP prior to your visit with the specialist.
4. Please do not ask us to “back date” referrals or to give retroactive referrals. This action is illegal; we cannot and will not do this.
5. If you require emergency services after hours, call our answering service at 703-257-3812 for medical services. They will contact the physician on call. Regardless of whether you are advised to go to an emergency facility, your insurance company may or may not reimburse you for these services. If you are experiencing a life-threatening emergency, call 911 and ask to have our physician on-call notified. Please call our office the next business day to advise our referral coordinator, that you were treated in an emergency facility. We will provide follow-up medical care and we will make every effort to appropriately document your emergency to assist you in obtaining insurance coverage.
6. If you need an advanced radiology study, i.e.: MRI or CAT scans, these will be authorized based on severity. It may require 2 – 5 business days for insurance companies to respond to us on these authorizations. We will make every effort to have these requests authorized within a 24 to 48 hour time frame.

Emergencies

Emergency room visits are costly and when deemed unnecessary, by the health plan retrospectively, are billed to the patient. To avoid this occurrence, please do not wait until the evening or the weekend to seek medical care. If you believe that you need to be seen, call our

office at 8:00 A.M. for an appointment. We make every effort to accommodate our patients. Evening appointments are not always available on short notice. Depending on the rules of your insurance carrier, you may be responsible for charges if you refuse an available appointment and self-refer to our affiliated urgent care.

Please use common sense in identifying a true emergency. Chest pain, difficulty breathing, high fever (about 103 degrees Fahrenheit) that won't respond to Tylenol, and severe abdominal pain are likely to qualify as emergencies by your carrier. However, a cold, flu, sinus infection or sore throat may not meet such criteria. Any questions about insurance payment should be directed to the member services department of your insurance company. Please refer to your insurance carrier's policy outlining the provisions of your insurance coverage, including your responsibility for deductibles and co-payments. If a co-payment is required, we require such payment prior to receiving services.

Test Results

Once your provider has reviewed your test results, you will be contacted either via phone by a triage nurse or receive a normal card with a copy of the results to your home address. If you receive a phone call from a triage nurse this does **not** necessarily mean your results are "life threatening". We are calling to help you understand the results better and to explain what your provider has recommended.

Triage hours are from 8 am to 8 pm Monday thru Friday and Saturday from 9 am to 5 pm. If you have not received your results after two weeks, please call the triage department at 703.554.1100 ext. 428.

Insurance Changes

Please inform us of any changes in your insurance coverage, address, and telephone number, and communicate your medical needs to us at all times. This approach helps avoid incurring medical expenses that result from claims denied by your insurance company. You may reach our Patient Accounts Department at 703.554.1120 or by email at billing@novamedgroup.com.

Prescription Refills

Nova has now implemented electronic medical records. Please request prescription refills at the time of your visit. Your physician can in most cases electronically send your request to your selected pharmacy. If your prescription is running low and you do not have an appointment scheduled, please have your pharmacist call 703.554.1100 option 3 or fax request your prescription refills at 703.554.1110. Please allow 24 - 48 hrs for the prescription to be called in from Nova. Controlled substances may require more time. Messages will be taken off of the refill line until 5:30 p.m. each business day. Please allow sufficient time to process your request. Don't wait until you have run out of medication before requesting a refill. Refills will not be granted on weekends or after regular business hours.

We strive to meet and exceed your expectations of a health care provider. We encourage you to communicate your compliments, concerns, or comments regarding our performance to us directly so that we may continuously improve upon the delivery and quality of our medical care to you.

Thank you for selecting Nova Medical Group.

Sincerely,

A handwritten signature in black ink that reads "Grace Keenan, MD". The signature is written in a cursive style with a large initial "G" and a distinct "MD" at the end.

Grace Keenan, MD
CEO / Medical Director