

Parveen S. Vahora MD PA  
Privia Health

Updated Office Policy

Thank you for being a patient with our practice. There have been some changes to our practice which will help improve the care we provide & promote efficiency.

1. Covid & Payments & Mask Policy
  - a. Currently due to Covid and the CDC guidelines. A mask is required for entrance into the office suite. If you do not have one you will be rescheduled.
  - b. Due to Covid we will no longer be accepting cash payments into the office. You will also be able to make any payments yourself, via your phone or your computer. The Front desk will be very limited in their ability to take payments.
2. Electronic Medical Records
  - a. We are very excited to have a new electronic medical records. This will allow you to communicate with us through the patient portal. The app is "myPrivia". Please download this from the App store or Google Play. You can contact the Privia support number for help 888 774 8428.
3. Electronic check in
  - a. For upcoming appointments you will receive a text with the Eption check in process.
  - b. This Check In must be completed prior to your appointment time. If it is not completed you will be rescheduled. We want to be considerate of all patients and their time.
4. Virtual Appointments
  - a. We are so excited about our new upgraded virtual platform. Please download the "my Privia" app. You can even request a virtual appointment via the portal.
5. The No show policy
  - a. Any patient that fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours** notice will be considered a NO SHOW and will be charged a **\$50 fee**.
  - b. The fee is charged to the patient, not the insurance company and is due prior to the next office visit or procedure.
6. Be Kind
  - a. We understand that due to the Pandemic, many people are frustrated, emotional and overwhelmed. At Parveen S. Vahora MD PA, we want to help take care of you in a professional & courteous manner.
  - b. We will not tolerate any cursing, yelling or any verbal or physical abuse in this practice. Any of these behaviors will warrant a discharge from the practice.

I have read & understand the Updated Office policy and agree to the terms.

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Signature

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Printed Name

Date