

Foxhall Women's Health — Administrative Fee FAQ

Effective April 1, 2026

1. What is the Administrative Fee?

Foxhall Women's Health now charges a **\$150 annual Administrative Fee**. This supports the non-clinical work required to provide efficient access to care—work that insurance does **not** cover.

2. When does the fee start?

The fee begins **April 1, 2026** and is billed once every 12 months.

3. Why is this fee necessary?

This fee helps support essential administrative services, including:

- Scheduling and patient registration
- Maintaining your medical chart and patient portal
- Processing forms and medical records
- Coordinating with labs, pharmacies, and imaging centers
- Handling routine calls, messages, and paperwork
- Maintaining secure technology systems and compliance standards

Although these services support your care, they are **not covered by insurance**.

4. What does the fee *not* cover?

The Administrative Fee does **not** cover any medical or clinical services, including:

- Office visits, exams, or procedures
- Medical advice, diagnosis, or treatment
- Prescriptions or refills
- Lab tests, ultrasounds, or pathology services
- Interpretation of results

- Urgent or emergency clinical care

These services are billed separately through insurance or direct payment.

5. Is the fee refundable?

No. The Administrative Fee is **non-refundable**, as it supports year-round administrative services.

6. When is the fee due?

The fee is due at your **first visit after April 1st** or **before scheduling any new appointments**. You will also see an alert in your patient portal when the fee is due.

7. Can I use my HSA/FSA card to pay?

No you can not. **Administrative fees are not “qualified medical expenses” under IRS rules.** HSAs can only be used for expenses that diagnose, treat, prevent, or alleviate a medical condition, as defined in IRS Section 213(d).

8. What if I only come once a year?

The fee covers administrative work that occurs **throughout the entire year**, including chart maintenance, compliance, communication, and record management—even when you do not have an appointment.

9. What if I refuse to pay the fee?

If you choose not to pay the fee:

- We cannot schedule visits or provide ongoing care.
- Your provider–patient relationship may be **formally ended** after a required process.

Refusal is a valid reason for us to end care, but we must:

- Notify you **in writing**

- Provide a **30-day notice period** to allow you to find another provider
 - Continue medically necessary care **during that transition** so your health is not at risk
-

10. Will you still see me for emergencies if I haven't paid?

Yes — during your 30-day transition period, we will evaluate and treat **medically urgent issues**. Examples include (but are not limited to):

- Vaginal bleeding
- A new breast lump or abnormal breast discharge
- Severe pelvic pain
- Symptoms concerning for miscarriage or threatened abortion

For life-threatening emergencies, please call **911** or go to the **nearest ER**.

11. What written notice will I receive if I decline the fee?

You will receive a **formal discharge letter** outlining:

- The reason for ending the relationship
 - The date your care ends (30 days from the letter)
 - Instructions for obtaining your medical records
 - Options for transferring to another provider
-

12. Will you help me transition to a new provider?

Yes. We will:

- Provide referral options
 - Send your medical records to your new provider once we receive your signed authorization (Standard medical record preparation fees may apply.)
-

13. How do I get my medical records?

You may request your records at any time. After signing an authorization, your records will be sent to you or your new provider.

14. Can I return later and pay the fee to stay in the practice?

If your discharge has **not** taken effect yet, you may pay the fee during the 30-day period and continue your care.

After the discharge date, you may request to re-establish as a new patient, depending on provider availability.

15. What happens to appointments during the 30-day transition window?

We will keep appointments that are **medically necessary** to avoid gaps in care.

Non-urgent visits may be rescheduled or canceled once the discharge date passes.
