

VIRGINIA TREATMENT AND PAYMENT POLICIES



Center Name

Patient Number

Thank you for choosing Patient First for your health care services. This form describes Patient First's Treatment and Payment Policies and covers such important topics as:

- **Your consent to receive medical treatment from Patient First (and your other rights and responsibilities); and**
- **Your agreement to pay in full any charges that are your responsibility.**

Please review and sign this statement before receiving treatment. You have the right to receive a copy of this notice upon request. If you have any questions, please do not hesitate to ask.

Treatment Policy

By signing below, you indicate that you are the patient or that you have the legal authority to consent to medical treatment on the patient's behalf. You consent to, understand and agree that:

- You have the right to discuss the risks and benefits of all procedures and courses of treatment proposed by your health care provider(s), together with any available alternatives.
- You have the right to consent to, refuse, or stop any procedure or treatment at any time.
- Patient First will provide care consistent with the prevailing standards of medical practice but makes no assurances or guarantees as to the results of treatment.
- Subject to the foregoing, Patient First providers may administer any treatment and perform any procedures deemed advisable in your care.
- If a health care provider is exposed to your blood or body fluids in a manner which may transmit HIV (human immunodeficiency virus) or the hepatitis B or C viruses, you consent to testing of your blood and/or body fluids for these infections and to the release of test results to the person(s) exposed. You will be offered the opportunity for face-to-face disclosure of test results and counseling.
- Before prescribing any controlled substance to you, Patient First may review information from the Virginia Prescription Monitoring Program regarding your prior receipt of controlled substances.
- During your visit, you may be asked to provide a blood sample for testing and/or to submit to a needle injection. Drawing blood ("venipuncture") and injections may cause pain, bruising, numbness, tingling, and/or swelling, and rarely more serious complications such as nerve damage or infection. You have the right to refuse venipuncture or injection but accept these risks if you receive these services.

Medicare Beneficiaries Receiving Durable Medical Equipment (DME): Patient First offers limited DME (such as slings, braces and crutches). Patient First only sells the DME that it provides, but you are free to seek rental DME from other community providers. Patient First honors all DME warranties under applicable law and will repair or replace, free of charge, any covered DME that is under warranty.

Patient First Notice of Privacy Practices ("Privacy Notice")

We will protect the privacy of your health information and will not use or disclose it except as permitted by law, as more fully described in the Privacy Notice that has been made available to you. By signing below, you consent to our use and disclosure of your health information in accordance with the Privacy Notice and applicable law.

Please initial the following:

___ I (Patient/Guarantor) have been provided with a copy of the Privacy Notice.

FOR OFFICE USE ONLY

___ A copy of the Privacy Notice was made available to the Patient/Guarantor, who refused to initial above.

Venue Notice

We believe it's important to have a clear agreement regarding the proper place for any disputes to be resolved before we agree to provide you with services. By signing below, you agree that any and all claims or lawsuits related to or arising out of services or treatment provided by Patient First shall be brought in the city/county and state where the Patient First medical center(s) at which you received those services is located or the appropriate federal court having jurisdiction over that city or county.

Nothing in this Venue Notice section prevents or limits your right to file complaints with Patient First or any governmental authority. ***If you do not agree to this Venue Notice Section, you must send a written notice indicating your decision to opt out of this Venue Notice Section for services provided on today's date by sending written notice to Patient First, 5000 Cox Road, Glen Allen, VA 23060, Attn: General Counsel within seven (7) days of today's date of service.***

Payment Policy

Patient First is a private organization that relies solely on income from patients and their insurers. In order to provide the best possible medical care at the lowest possible cost, we need your assistance and agreement to our payment policies. As the patient or the person with legal authority to sign on the patient’s behalf, you understand and agree to the following:

It is your responsibility to determine whether services to be provided by Patient First are covered by your insurer. You are responsible for, and agree to pay, the cost of any services that are not covered by your health plan or are covered but applied to a deductible.

If you do not know whether services to be provided during your visit are covered by your health plan, please use the courtesy telephone(s) in the lobby of your Patient First center to call the patient service number that may be found on your insurance card.

- If your health plan requires approval or a referral from your Primary Care Physician prior to a visit and you do not obtain that approval or referral, you will be responsible for, and agree to pay, any costs of care that your insurer determines are not covered under your plan and for which you may be held liable under applicable law.
- You agree to pay at time of service any required co-payments, co-insurance and deductibles, as well as charges for services not covered by insurance, outstanding balances, and delinquent accounts. For your convenience, we accept cash, checks and credit cards.
- You assign to Patient First any and all health care benefits to which you are entitled under any policy of insurance or benefit plan and authorize, to the extent permitted by law, payment of benefits directly to Patient First.
- If you have health care benefits, Patient First will submit a claim to your insurer on your behalf and allow no less than 60 days for the insurer to respond. If Patient First has not received a response within 60 days, we will assume that the visit is not covered and is, therefore, your responsibility. At that time, to the extent permitted by law, we will bill you for the visit charges. Please direct questions regarding non-payment by your insurer to the insurer, not to Patient First.
- You will be billed for all unpaid balances deemed by Patient First or your insurer to be your responsibility. You agree to pay the bill in full unless special arrangements are approved by Patient First in its discretion. You must call the Patient Accounts Department, at the number printed on the billing statement, in order to make such arrangements. Late fees of 1.5% per month will be charged on unpaid balances starting 30 days after the first statement. There is a fee of \$30 for returned checks. Delinquent accounts may be turned over to a collection agency at which time you agree to be responsible for a \$40 collections charge and all associated legal fees in addition to the amount owed.
- If you do not have health care benefits or Patient First does not participate with your insurance plan, you will pay at time of service all charges as well as any outstanding balances and delinquent accounts.
- **Patient First reserves the right to deny non-emergency services if your account is delinquent.**

Medicare / Medicare Advantage / Medicaid Managed Care / TRICARE Patients: Coverage for certain services offered by Patient First may be denied by your health plan because they are not covered benefits or are determined not to be reasonable and necessary. For example, TRICARE does not cover routine physicals; sports physicals, work physicals, camp physicals or skin tag removal, and only covers school physicals for patients who are 5 through 11 years of age.

I have read, understand, and agree to the Treatment and Payment Policies described above and understand that Patient First may refuse non-emergency treatment if my account is delinquent. If you are signing on behalf of a minor, incapacitated or otherwise legally dependent patient, please sign as “Guarantor” below and indicate your relationship to the patient.

_____	_____	_____	_____
Name of Patient	Name of Guarantor* (leave blank if Patient Signs)	Signature of Patient or Guarantor	Date

Guarantor’s relationship to Patient: _____

*A patient’s Guarantor is the person with legal authority to act on behalf of a minor, incapacitated, or otherwise legally dependent patient, including the authority to consent to medical services. By signing this form as “Guarantor,” you represent to Patient First that you have such authority and that you accept financial responsibility for services rendered.