513 W Broad St, Suite 100
Falls Church, Virginia 22046
Tel: 703-940-0000
Fax: 703-533-0321

PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Virginia Health Center as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality of healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for her/his treatment and care.
- We are pleased to assist you by billing for our contracted insurers. However, the patient is required to provide us with the most correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct or updated.
- Patients are responsible for the payment of copays, coinsurance, deductibles, and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, check, and most major credit cards at our office.
- Patients may incur, and are responsible for the payment of additional charges at the discretion of VHC. These charges may include (but are not limited to):
    - Charge for returned checks. - **$35**
    - Charge for missed appointments without 24 hours advance notice. - **$95 (Physical), $60 (F/U)**
    - Charge for extensive phone consultations and/or after-hours phone calls requiring diagnosis, treatment, or prescriptions. - **$35 to $85**
    - Charge for the copying and distribution of patient medical records. - **$15 and up as below: Admin. fee of $15, then up to 50 pages - $0.50 per page charge – $0.25 per page thereafter**
    - Charge for extensive forms completion. - **$15 to $150 (depending on complexity)**
    - Charge for duplicate lab orders. - **$10**
    - Charge for misplaced prescriptions and/or prescription transfers to mail order pharmacy. - **$15**
    - Charge if you do not request your medications at the time of appointment. - **$5 per prescription**
    - Any costs associated with the collection of patient balances or delayed payment. – **5 to 15%**
    - Charge for delay of payment by insurance due to patient not providing correct policy information that resulted in one or more instances of reprocessed claims - **$35 to $50**

Patient Authorizations

- By my signature below, I hereby authorize Virginia Health Center to release medical and other information acquired in the course of my examination and/or treatment to the necessary insurance companies, third party payers, and/or other physicians or healthcare entities required to participate in my care.
- By my signature below, I hereby authorize assignment of financial benefits directly to Virginia Health Center and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.
- By my signature below, I authorize Virginia Health Center personnel to communicate by mail, answering machine message, and/or email according to the information I have provided in my patient registration form.
- By my signature below, I authorize Virginia Health Center to securely store my credit card information and only charge it should I have an outstanding balance or any leftover balance from a processed claim in the future.

I have read, understand, and agreed to the provisions of this Patient Financial Responsibility Form:

Signature of Patient or Guardian Date

Waiver of Patient Authorizations

I do not wish to have information released and prefer to pay at the time of service and/or to be fully responsible for payment of payment of charges and to submit claims to insurance at my discretion.

Signature of Patient or Guardian Date