



## **Arjun Medical Center, PC**

7350 Heritage Village Plaza, Suite 101

Gainesville, VA 20155

Ph: 571-248-6666 Fax: 571-248-6667

www.alokguptmd.com

### Arjun Medical Center, PC

We are committed to providing you with the best possible care and would like you to understand our policies.

- For patients with participating insurance plans, all co-payments are due at time of service.
- Although your insurance may not charge a co-pay for a Wellness visit, please be aware that your insurance may charge you a co-pay for any additional problems addressed by the Physician during Preventative Wellness Visit (physical).
- Payment for your office visit is required at the time of service for the following:
  - \*Patients without insurance.
  - \*Patients with private insurance, who are not covered by one of our participating plans
  - \*Patients who do not provide us with complete insurance information.
  - \*If you need to use a specified laboratory or x-ray facility, it is your responsibility to inform our office before the service is rendered.
  - \*If you are being seen for a condition/problem that is not a covered benefit of your insurance policy, it is your responsibility to pay at time of service.
- Payment is due at the time services are rendered. We accept cash, checks, and credit (MasterCard and VISA). Returned checks will be charged a \$25 fee.
- There may be a charge of \$10 to \$25 for forms to be filled out.
- All accounts that have unpaid balances after 90 days will be turned over to a collection agency. You will be responsible for any fees charged by the collection agency, and all costs and expenses including reasonable attorneys' fees, we incur in such collection efforts.
- Arjun Medical Center, PC reserves the right to change their fees at any time.
- Release of Medical Records and Immunization History  
I authorize Arjun Medical Center, PC to release and/or send medical information /records with regard to my health condition to other consultants and/or referring physicians, licensed healthcare facilities, health departments, and /or any education facilities as appropriate. Arjun Medical Center, PC will share immunization information with other physicians, hospitals, and health departments for purposes of ensuring that he/she receives age appropriate immunizations. Furthermore, I understand that the information may be released by forwarding a photocopy through the U.S. postal service or by confidential facsimile



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- If an individual or their agent / attorney requests a copy of their own medical records the individual will be charged for the cost of supplies and labor of copying the requested information, as well as postage where applicable. That fee is a base price of \$10.00 plus \$0.50 per page for the first 50 pages and \$0.25 per page thereafter. ([Va. Code Section 8.01-413 \(2003\)](#)). There is no charge for records sent to a consulting physician.
- Deemed Consent – Virginia

I understand that Virginia law (VA Code Ann. § 32.1-45.1) provides that if my physician or any person employed by my physician is exposed to my body fluids in a way that might possibly transmit the human immunodeficiency virus (HIV) or Hepatitis B or C viruses, that I am deemed by law to have consented to allow testing for HIV and/or Hepatitis B or C infection. The results of this testing must be made available to the person who has been exposed to those body fluids. If the person whose blood specimen is sought for testing refuses to provide such specimen, any person potentially exposed to the HIV or hepatitis B or C viruses, or the employer of such person, may petition the general district court for an order requiring the person to provide a blood specimen or to submit to testing and to disclose the test results in accordance with the law.

I understand by signing I have read and agree to the above paragraphs. I understand that I am 18 years of age or older and financially responsible for all co-payments and any charges not paid by my insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_