

MEDICAL CENTER OF STAFFORD

The Medical Center of Stafford operates on a walk-in basis, treating all types of illness/injuries and appreciates your patience when we take care of the more seriously ill patients first. We do make appointments for complete physicals and treatment of chronic illnesses.

The Medical Center is open 7 days a week, Monday through Friday from 9am to 9pm, Saturday and Sunday from 9am to 3pm.

Our physicians are NOT available after hours. If you have a problem or need immediate medical advice/attention, you must call or go to the Emergency Room at either Mary Washington Hospital in Fredericksburg or Potomac Hospital in Woodbridge.

Should you need to be referred to a specialist or for testing we will work with your insurance carrier referring you to a doctor or facility within your plan.

Due to each insurance carrier requiring their lab tests sent to different laboratories, we could no longer draw blood at the Medical Center of Stafford. You will be given a prescription and a list of labs you may go to depending on your insurance.

ALL RETURN CHECKS ARE SUBJECT TO A RETURN CHECK FEE OF \$25.00. IF YOUR RETURNED CHECK SHOULD BE TURNED OVER TO A COLLECTION AGENCY "ALL FUTURE CARE" WILL BE ON A CASH BASIS ONLY.

ANY ACCOUNT THAT IS TURNED OVER TO OUR COLLECTION AGENCY FOR NON-PAYMENT WILL BE CHARGED A \$25.00 PROCESSING FEE. THE BALANCE DUE IN COLLECTIONS MUST BE PAID BEFORE ANY FUTURE VISITS BY ANY FAMILY MEMBER. ALSO ALL FUTURE VISITS WILL REQUIRE PAYMENT IN FULL AT THE TIME OF SERVICE REGARDLESS OF INSURANCE COVERAGE.

If your **insurance company sends payment** to the Medical Center of Stafford and your account is PAID IN FULL, you will be issued a refund from the Medical Center of Stafford.

PATIENT PERSONAL HEALTH INFORMATION CONSENT

By signing this form, you are granting consent to The Medical Center of Stafford to use/disclose your personal health information (PHI) for the purposes of treatment, payment and health care operations. You have a legal right to review our Notice of Privacy Practices before you sign this consent.

You have the right to request how we use and disclose your PHI for the purpose of treatment, payment or health care operations. We are not required by law to grant your request. However, if we decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used/disclosed your PHI on your prior consent.

Signature: _____ **Date:** _____