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Board Certified Internal Medicine

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# Virginia Urgent & Primary Care, LLC



Cameron S. Hoffman, FNP-BC  
Board Certified – Family Practice

Claudia Holsing  
Office Manager

## Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information (PHI) by my physician at Virginia Urgent & Primary Care, LLC for the purposes of diagnosing or providing treatment to me, obtaining payment for my healthcare, and/or to conduct health operations of Virginia Urgent & Primary Care, LLC.

I have the right to revoke this consent in writing at any time, except to the extent that my physician or Virginia Urgent & Primary Care, LLC has taken action in reliance on this consent.

My protected health information (PHI) means any health information including my demographic information collected from me and created or received by my physician, another health care provider, a health plan, my employer or a healthcare clearing house. This protected health information relates to my past, present or future physical and/or mental health or condition and identifies me (or there is a reasonable basis to believe the information may identify me).

I, the undersigned, hereby acknowledge that it is the policy of this office that payment be made at each visit and I am responsible for payment of all services rendered on my behalf. In the event that failure to pay results in referral of my account for collection, I agree to pay collection or attorney fees. I authorize payment of medical benefits to the physician or supplier of services rendered. I authorize release of any medical information necessary to process this claim and also certify the information contained herein is correct. **If medical services are received as a Worker's Compensation claim that is later denied by insurance I agree to pay in full for all medical services.**

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative (Printed)

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Date