

Virginia Urgent &  
Primary Care, LLC

Navdeep Mathur, M.D.  
Medical Director  
Board Certified Internal Medicine

Mark P. Davis, M.D.  
Board Certified Emergency Medicine

**VUPC**

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

Claudia Holsing  
Office Manager

**INSURANCE AUTHORIZATION  
FINANCIAL AGREEMENT**

All payment for services are due at the time of service. Co-pays are collected prior to service. Co-pays can be paid with credit card, cash, or, if you are an established patient, a personal check. We accommodate self-pay patients, commercial medical insurance and Worker's Compensation. **Please check only one box below to indicate your method of payment.**

**Cash Patients**

Cash patients must pay for the office visit before leaving the Clinic. Cash payment affords a 30% discount off our usual rates. Credit cards or cash accepted. (Please note: if you have medical insurance, you must present your card and use it at the time of service. You may file a claim with your own insurance using our receipt and be reimbursed some or all of your expenses if you wish to do so. VUPC will not file for insurance payment at a later date or refund your cash payment.)

**Patients with Insurance**

We file insurance as a courtesy to our patients. You must present a valid card and all insurance information must be complete and accurate. **It is your responsibility to provide us with referral authorization prior to your office visit**, if your insurance company requires them to be seen in an Urgent Care clinic. Any changes in insurance coverage, address, phone number, etc., from prior visits needs to be reported at the front desk registration.

If the insurance company does not make a payment within ninety (90) days of the date we file your insurance claim, then you will be responsible for the balance of the charges in question. Your insurance coverage for the visit is a contract between you and your insurance company. Their claim denial or payment is based on your contract with them. VUPC's relationship with your insurer is solely to provide services and has no part in claim denials. If you have a copayment, it is required that VUPC collects it at the time of services.

I, \_\_\_\_\_, understand and agree to the above contract. I also authorize Virginia Urgent & Primary Care, LLC to apply for benefits on my behalf for covered services. I request that the payments from my insurance carrier be made directly to Virginia Urgent & Primary Care. I authorize the release of medical information to my insurance company necessary for the processing of my claim. A copy of this authorization may be used in place of original. I or my insurance company may revoke, in writing, this authorization at any time. I understand that revoking this release voids my insurance and creates a "self-pay" obligation.

I understand, that if I fail to pay my bill, my account will be forwarded to a collection agency, I am responsible for all charges and legal fees associated with collecting this debt. Delinquent accounts that are consistently ignored will be subject to collection policy and procedure.

**PATIENT SIGNATURE OR GUARDIAN (If Minor)**

**DATE**

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VUPC – STAFF (Initials)