Medical Services Contract
For Richmond Vascular Center

Right to Choose your Testing Facility
During the course of your treatment, you may require additional procedures or diagnostic services. Richmond Vascular Center, LLC (hereinafter referred to as RVC) and one or more of its physicians may have a financial interest in the facility to which you may be referred for additional medical services. You have the right to select another organization or entity for the purpose of obtaining such medical services.

Financial Responsibility
I hereby authorize RVC to render medical services to me or ______________________, my spouse, minor child or other. I authorize direction payment of any insurance to RVC. RVC may file a claim with any and all policies of insurance I have but (with exception of Medicare) is not required to do so. If for any reason the insurance company payment is not made timely it is my responsibility to pay all fees and charges in connection with the treatment. It is further my responsibility to provide accurate insurance information and to secure all necessary prior approvals, authorizations, and referrals prior to services being provided.

Health Information
I understand that health information in my or my child's medical record may be released in accordance with RVC's Notice of Privacy Practices, a copy of which has been provided to me. I further authorize the exchange of medical information with the hospital and the centers for Medicare/Medicaid services, if applicable. This information may be transmitted to or from RVC by any means available, including fax or electronic transmission.

Collection
I authorize transfer of benefits directly to RVC for the benefit otherwise payable to me under the terms of my insurance. I understand that I am financially responsible for all the charges arising for my (or my dependent's) treatment, except to the extent that RVC has agreed not to bill me pursuant to any public or private third party payer plan. If any debt is owed to RVC and is referred to an attorney or collection agency for collection, I agree to pay all attorney and collection fees in the amount of thirty-three (33%) of the total indebtedness, including all court costs, interest, and filing fees incurred herewith.

If at any time I provide a wireless telephone number at which I may be contacted, I consent to receive calls (including autodialed and pre-recorded messages) at that wireless number from the facility, its successors and assigns, and the affiliates, agents and independent contractors, including services and collection agents of each of them regarding the facility encounter, the services rendered, or my related financial obligations.

Print Patient's Name:____ Date: _________________

Responsible Party/Guarantor Signature: ____