

FRANCISCO M. IRIANNI, M.D. P.L.C.
1820 W. PLAZA DR.
WINCHESTER, VA. 22601

AGREEMENT

This Agreement is made by and between _____ (patient), Social Security Number _____, and Francisco M. Irianni, M.D. P.L.C. (Physician).

Whereas, Patient is interest in employing Physician for his professional services and expertise; and

Whereas, Physician agrees to handle Patient's medical issues with the skill, expertise and common knowledge of physicians trained in the same medical field and areas of expertise.

Now, Therefore, the parties do hereby agree as follows:

1. Purpose: Patient agrees to employ Physician for the purpose of medical diagnosis and treatment.

2. Services: Patient understands that it is difficult and impossible at this time to specify the exact nature and extent of treatment, procedures, and Physician's time involved. Physician hereby warrants that he shall exert all of his efforts and skills in resolving Patient's complaints. Due to the nature of medical treatment, Physician cannot and does not guarantee the outcome of any procedure.

3. Financial Agreement: As a courtesy, Physician shall file Patient's medical claim with Patient's insurance company. Patient agrees that if insurance plan requires a referral and/or a Pre-certification from their primary care physician, then it is the **Patient's responsibility** to obtain the referral and/or Pre-certification further that if Patient does not obtain the referral and/or Pre-certification than the Patient shall make payment in full at the time of the scheduled appointment. Patient further agrees to make all co-payments at the scheduled appointment time. Patient's unable to make payment immediately upon demand shall make payment arrangements with the Physician's business office. Patient certifies that the information reported with regard to insurance coverage is correct. Patient agrees that if any or all of the information concerning insurance coverage changes, patient will immediately inform Physician's business office and provide the updated information. Patient agrees to pay for any and all services rendered which are not covered under Patients insurance plan, or which is not billed correctly, do to information improperly provided to the Physician's office by the Patient. All unpaid balances which are over due thirty (30) or more days shall accrued interest at ten percent (10%) per annum.

4. Collection: In the event Patient's bill becomes delinquent and is sent for collection, then in that event Patient agrees to pay all cost of collection which include, but are not limited to, court costs, filing fees, subpoena costs, deposition costs, long-distance calls, transportation costs, reasonable attorney's fees defined as thirty three (33%) of the principal collection amount , as well as any other cost incurred attempting to collect the delinquent amount.

5. Law and Binding Effect: This Agreement shall be construed according to Virginia laws and courts, and shall be binding upon each of the parties, their heirs, successors and assigns.

6. Venue/Jurisdiction: The parties agree and consent to venue and jurisdiction as being City of Winchester, Frederick County in the Commonwealth of Virginia.

IN WITNESS WHEREOF, this _____ day of _____, 200__
Francisco M. Irianni, M.D. P.L.C.

By: _____
Office Representative

Patient

Address

Home Phone _____

Work Phone _____

Cell Phone _____