

**COMMONWEALTH UROLOGY**

John J. Basile, MD

Sunil V. Patel, MD

**AGREEMENT**

**THIS AGREEMENT** is made by and between \_\_\_\_\_ ("Patient"), and John J. Basile, MD, PC doing business as **COMMONWEALTH UROLOGY** (Sunil V. Patel, MD/John J. Basile, MD). 3020 Hamaker Court, Suite B-III, Fairfax, Virginia 22031 ("Physicians").

Whereas, Patient is interested in employing Physician for his professional services and expertise; and  
Whereas, Physicians agree 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 Physicians 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 Physicians' time involved. The Physicians hereby warrant that they shall exert all of their efforts and skills in resolving Patient's complaints. Due to the nature of medical treatment, Physicians cannot and do not guarantee the outcome of any procedure or treatment plan.
3. **Financial Agreement:** As a courtesy, Physicians office shall file Patient's medical claim with Patient's insurance company. Patient agrees that if insurance plan requires a referral from their primary care physician, then it is the **Patient's responsibility to obtain and bring the referral** and further that if Patient does not obtain and bring the referral, then 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. Patients unable to make payment immediately upon request shall make payment arrangements with the Physicians' business office and agree to pay the balance in full within 10 business days. 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 Patient's insurance plan, or which are not billed correctly due to information not provided or improperly provided to the Physicians' office by the Patient. All unpaid balances which are overdue thirty (30) or more calendar days shall accrue interest at ten percent (10%) per annum.
4. **Secondary claims** will be submitted once as a courtesy to the patient. If the secondary insurance company does not respond, the patient will be billed and be held responsible for obtaining reimbursement from their secondary carrier.
5. **Cancellation:** Any appointment cancelled within 48 hours of the scheduled time will be charged a \$75.00 administrative fee. Any procedure cancelled within 48 hours of the scheduled time will be charged an administrative fee of: \$150.00 (office procedure), \$250.00 (hospital or surgery center procedure). Exceptions may be made on a case by case basis at the discretion of John J. Basile, MD. or Sunil V. Patel, MD.
6. **Medication. Lab or Radiologic Tests:** No prescriptions for medication. lab or radiologic Tests will be provided if the last office visit was more than 12 months ago. There is a \$15.00 per prescription fee for any lost prescriptions written during 12 month period from the last office visit.
7. **Collection:** In the event Patient's bill becomes delinquent and is sent for collection, Patient agrees to pay all costs of collection, which include, but are not limited to, court costs, filing fees, subpoena costs, deposition costs, long-distance calls, transportation costs, postage fees, 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.
8. **Law and Binding Effects:** 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.
9. **Venue/Jurisdiction:** The parties agree and consent to venue and jurisdiction as being Fairfax County in the Commonwealth of Virginia.

IN WITNESS WHEREOF, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
(Print) Patient Name

\_\_\_\_\_  
(Signature) Patient or Legal Guardian

By: \_\_\_\_\_  
Commonwealth Urology  
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