Reston Pelvic Surgery Associates

AGREEMENT & CONSENT TO CONDITIONS OF TREATMENT

MEDICAL AND SURGICAL CONSENT: I request medical treatment from Reston Pelvic Surgery Associates (RPSA) ("Practice") and consent to all associated treatment and services including but not limited to laboratory procedures, ultrasound, and/or other media for medical, clinical or diagnostic purposes, anesthesia, and surgical procedures, as ordered by my attending physician or by his/her consultants, associates, or designees; by any employee personnel; and/or agent of the Practice who may carry out part or all of my treatment. I consent to the use of telehealth as may be necessary for my treatment. In addition to my attending physician, I understand that various caregivers may be involved in my care, including medical residents who are employed by RPSA. I understand that the practice of medicine is not an exact science and acknowledge that no guarantees have been made or implied regarding my care and treatment.

MEDICAL SERVICE PROVIDERS: I understand that many physicians and other medical service providers furnishing services to me are independent contractors and are not employees of Reston OBGYN. I further understand that the professional fees for these independent contractors are not included in hospital fees and will be billed separately by the practitioner providing the service.

ASSIGNMENT OF BENEFITS: I hereby certify that the insurance information I have provided is accurate, complete, current, and that I have no other insurance coverage. I assign my right to receive payment of authorized benefits under Medicare, Medicaid, and/or any of my insurance carriers to the provider or supplier of any services furnished to me by that provider or supplier. I authorize my provider to file an appeal on my behalf for any denial of payment or adverse benefit determination related to services and care provided. If my health insurance plan does not pay my provider directly, I agree to forward payment to my provider.

RELEASE OF INFORMATION: I authorized RPSA and any physician or other medical service providers who renders service to me to release to my physician and other health care providers treating me, insurance company, reimbursing agency, attorneys and others as allowed by law, whatever information, including a copy of, or access to, my medical record for determination of benefits payable or for additional medical care. Further, I authorize the Social Security Administration to release any information regarding my benefits of Medicare eligibility to any health care provider or other independent medical care provider.

George Iskander MD FACOG
13890 Braddock Rd STE 201,
Centreville, VA 20121

Reston Pelvic Surgery Associates

PERSONAL VALUABLES: I understand that a safe for the storage of valuables is maintained for the convenience of patients. I release RPSA from any responsibility for the loss or damage of valuables, money and/or other personal possessions brought into RPSA by or for me unless they are deposited in the safe for safekeeping.

NOTICE OF DEEMED CONSENT TO HIV BLOOD TESTING

A law was enacted in Virginia in 1989 and amended in 1993, which authorizes healthcare providers to test their patients for HIV, Hepatitis B and C antibodies when the healthcare provider is exposed to the body fluids of a patient in a manner which may transmit these antibodies. Pursuant to this law, in the event of such an exposure, you will be deemed to have consented to such testing and to the release of the test results to the healthcare provider who may have been exposed. You will be informed prior to your blood being tested for HIV, Hepatitis B or C antibodies. The testing will be explained, and you will be given the opportunity to ask any questions.

I, the undersigned, have read and understand this Consent for Treatment and agree to be bound by all its terms.

_____ _____

Printed Name of Patient/Representative Date

_____ _____

Signature of Patient/Representative Date

Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent/Legal Guardian

A COPY OF THIS AUTHORIZATION SHALL HAVE THE SAME VALIDITY AS THE ORIGINAL

George Iskander MD FACOG
13890 Braddock Rd STE 201,
Centreville, VA 20121