CENTRA
MEDICAL GROUP
Plastic Surgery Center

Patient Name: _____

Appointment: _____

Arrival Time: _____

Doctor: _____

Dear Sir or Madam,

Thank you for choosing Centra Medical Group Plastic Surgery Center for your medical care. We appreciate your confidence and are committed to providing the best possible experience.

To minimize your wait time, please complete the New Patient forms we have enclosed and bring them with you to your visit.

Please be sure to bring your insurance card(s) as well as a photo I.D. with you. Also please bring a list of all medications and indicate the dosages and how taken (i.e. hourly, daily, etc.). If your insurance company requires a referral, please contact your primary care office to obtain one. If your insurance company has a co-pay for specialists' office visits, we will collect it upon arrival.

If you do not have insurance, a deposit of $80 will be collected at the time of your visit. You will be given information to contact Customer Service to set up payment arrangements.

Thank you,

Centra Medical Group Plastic Surgery Center Staff

Simon Hatin, M.D. Keith Pitzer, M.D. Henry B. Wilson, M.D. Lindsay Painter, N.P.
1330 Oak Lane Suite 100 Lynchburg, VA 24503 Phone (434) 200-4350 Fax (434) 200-4347

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Health Information as of _____ (enter today's date)

(Please Print Legibly & Fill In or Correct All Fields)

1. **Please list all present medications along with dosage and when taken (i.e., a.m., p.m., daily, etc.),** including birth control pills, hormones, and vitamins, herbal medication, diuretics, weight loss drugs. **Include over-the-counter medications.**

_____

_____

2. Do you have an allergic reaction to any medication? ☐ Yes ☐ No Which? _____
3. Do you have a Latex allergy or sensitivity? ☐Yes ☐No Explain _____
4. Do you have a known meat allergy? ☐ Yes ☐ No Explain _____
5. Have you ever been on cortisone or steroid treatment? ☐ Yes ☐ No When? _____
6. Do you have cocktails regularly, or consume regular amounts of alcoholic beverages, including beer, wine, or other alcohol?

   ☐ Yes ☐ No If so, how much? _____
7. Do you smoke cigarettes or e-cigs? ☐ Yes ☐ No If so, how much? _____ For how long? _____
8. Do you use nicotine in any other form? If so, What form? _____How often? _____ For how long? _____
9. Are you pregnant? ☐ Yes ☐ No
10. Who is your personal physician, if any? _____
11. Do you have a Pacemaker or Defibrillator? ☐ Yes ☐ No
12. Please list prior surgical operations and year: _____

    _____
13. Please list additional health information not listed elsewhere:

    _____

    _____
14. What pharmacy and location are you currently using? _____

By signing below, I agree that the above information is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

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Patient:	Age:
DOB:	Height: ft in Weight: lbs

DO YOU NOW OR HAVE YOU EVER HAD..... (You must circle an answer for each individual item)

Heart Trouble	Yes	No	Glaucoma or Eye Problems	Yes	No
Heart Attack	Yes	No	Visual Disturbances	Yes	No
Heart Pain	Yes	No	Error in Refraction	Yes	No
Palpitation or Irregular Pulse	Yes	No	Other Eye Problems	Yes	No
Extra Heart Beats	Yes	No	Hepatitis	Yes	No
Stroke	Yes	No	Yellow Jaundice	Yes	No
Hypertension	Yes	No	Gallstones or Gallbladder Trouble	Yes	No
Blood Pressure Abnormalities	Yes	No	Cirrhosis of the Liver	Yes	No
Abnormal EKG	Yes	No	Alcoholism or Drug Dependency	Yes	No
Rheumatic Fever	Yes	No	Esophageal Varices	Yes	No
Dropsy or Heart Failure	Yes	No	Frequent Indigestion	Yes	No
Digitalis Treatment	Yes	No	Ulcers	Yes	No
Shortness of Breath	Yes	No	Gastritis	Yes	No
Chest Pain	Yes	No	Colitis	Yes	No
Asthma	Yes	No	Problem Constipation	Yes	No
Bronchitis	Yes	No	Vomiting Blood	Yes	No
Pneumonia	Yes	No	Tarry or Bloody Bowel Movements	Yes	No
Tuberculosis	Yes	No	Hemorrhoids	Yes	No
Smokers Cough	Yes	No	Goiter or Thyroid Disorders	Yes	No
Emphysema	Yes	No	Diabetes	Yes	No
Coughing or Spitting of Blood	Yes	No	Skin Disorders	Yes	No
Hay Fever	Yes	No	Arthritis	Yes	No
Major Allergies	Yes	No	Fracture of Neck or Spine	Yes	No
Palsy or Paralysis	Yes	No	Bleeding Tendency or Disorder	Yes	No
Nervous Breakdown	Yes	No	Abnormal Bleeding after Tooth Extraction	Yes	No
Nervous Disorder	Yes	No	Airway Obstruction (Nasal)	Yes	No
Insomnia	Yes	No	Breast Cysts, Tumors, Abscesses	Yes	No
Drug Habit	Yes	No	Nipple Discharge (Apart from Normal Lactation)	Yes	No
Self-Destructive Tendencies	Yes	No	Kidney Disorder	Yes	No
Psychiatric Hospitalization or Care	Yes	No	Blood Transfusion	Yes	No
Thyroid Problems	Yes	No	Seizures or convulsions or fainting spells	Yes	No
Kidney or Renal Disease	Yes	No	Black outs	Yes	No
Heart murmur	Yes	No	Dentures, bridges, capped teeth or crowns	Yes	No
Piercing other than the ears	Yes	No	Loose teeth	Yes	No
Positive blood test for: HIV, AIDS, Hepatitis	Yes	No	Cosmetic bonding to teeth	Yes	No
Missed or irregular last menstrual period	Yes	No	Any family or personal history of malignant hyperthermia?	Yes	No
Family history of cancer, heart trouble, stroke	Yes	No	Any family members with anesthesia problems	Yes	No
Any personal history of unanticipated fever or dark or chocolate colored urine following anesthesia or exercise?	Yes	No	Any family or personal history of sunstroke, heat stroke or exercise induced muscle breakdown resulting in a hospital stay?	Yes	No
Any family history of unexplained death following anesthesia or exercise?	Yes	No	Any family members with bleeding problems	Yes	No
History of MRSA	Yes	No	Any personal or family history of Deep Vein Thrombosis (DVT)?	Yes	No
			Sleep Apnea	Yes	No

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Notice of Privacy Practices
The use and sharing of your medical information.

Shared Information: Please list below the people with whom we may share medical information.
No One (Per Patient) unless an individual(s) is specified below.

Name	Relationship	Telephone

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice
This notice applies to all practices and facilities owned or operated by Centra Health, Inc. and its affiliates who are part of the Centra Affiliated Covered Entity (Centra ACE, described at the bottom of this Notice). This includes hospitals and other inpatient treatment facilities, outpatient and emergency facilities, Centra Medical Group practices and facilities, PACE facilities, Centra home health services, mobile clinics and screening programs. It also applies to physicians who are members of Centra's medical staff while they are practicing in our facilities, and anyone authorized to enter information into your medical record. It applies to all Centra employees, staff, other personnel, students, and volunteers. All of the above entities ("Centra") may share medical information with each other for treatment, payment, or operational purposes described in this Notice.

Individuals who have access to your information because of their duties at one Centra practice may also be able to see information that was obtained by a separate Centra practice or facility. For example, if you are seen at a Centra specialty practice, the staff there may access information about tests, diagnoses, or treatment recorded by your Centra primary care physician. If you are in a Centra hospital, the hospital staff treating you may access information recorded while you were being seen at a Centra practice.

This notice applies to all Centra records of your care and services we provide. Mental Health and substance abuse treatment areas may give patients a supplemental notice describing additional privacy practices. The privacy of substance abuse program treatment records are further protected by federal law. Unless you are provided with a different notice of privacy practices and except as provided in the Notice, this Notice will apply to entities that we may purchase or affiliate with in the future.

Our Commitment
Centra is committed to protecting the privacy of your medical information. We create and maintain records of the treatment and services that you receive from Centra in order to provide excellent care. We must also keep records to comply with legal requirements. The law requires us to keep your medical information private, give you this Notice of our legal duties and privacy practices, and notify affected individuals following a breach of unsecured protected health information. The law requires us to follow the terms of this Notice. We also have the right to change the terms of this Notice, and these changes will apply to all of the medical information we maintain. If Centra changes the terms of this Notice, we will make paper copies available to you upon request. The current version of this document is always available on our website http://www.centrahealth.com/.

Other Uses and Disclosures
The information below provides examples of ways that we use and disclose medical information.

For Treatment

- We may use or share your medical information to provide you with treatment or medical services. For example, we will share medical information about you with doctors, nurses, technicians, therapists, and other people who are taking care of you.
- We may contact you to communicate treatment options, wellness and educational programs, and other health-related benefits or services that may interest you.
- We may disclose medical information about you to people outside of Centra who provide services related to your care, such as home health agencies.

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For Payment
We may use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. We may share your information with other health care providers, health care clearinghouses, or health plans for the payment purposes as permitted by law.

For Healthcare Operations
We may use and disclose information about you for healthcare operations. Some examples of how we may share information for operations include:

- We may use medical information to review our treatment and services, to perform business planning activities, and to evaluate and improve our staff and the quality of care you receive from us.
- We may combine information about many patients to evaluate the effectiveness of treatment or operations.
- We may provide information to members of our workforce for review and educational purposes.
- We may conduct population-based initiatives or care coordination activities.
- We may use and disclose information to have your health plan authorize services or referrals.
- We may combine your information with information about many other patients to compare our performance with other hospitals or health care providers.

We may share your information with other health care providers, health care clearinghouses, or health plans that have a relationship with you as needed for their health care operations as permitted by law.

We may also share medical information about you with other organizations that participate in Archetype Health, which is an organized health care arrangement under HIPAA. An explanation of our participation in Archetype Health is described at the bottom of this Notice.

We may remove identifying information from what we share for healthcare operations to preserve your anonymity.

Appointment Reminders
We may contact you about appointments by telephone or by mail.

Sign In Sheet
We may have you sign in when you arrive at one of our facilities. We may also call out your name when we are ready to see you.

Business Associates
Some services are provided through Centra business associates. For example, Centra may contract with outside companies to provide computer services or transcription and release of medical records functions. We may disclose your medical information to these companies so that they can perform these services for us. We have a written contract with each of these business associates that require them and their subcontractors to protect the confidentiality and security of your protected health information.

Other Providers
We may disclose medical information to healthcare professionals who have cared or currently are caring for you, such as rescue squads, referring physicians or hospitals, or nursing homes, for their use in your treatment, obtaining payment, or their health care operations. Our normal process is to send records of your visit to your referring and/or primary care physician.

Fundraising
We may contact you to raise funds for Centra programs and facilities, but you can tell us not to contact you again. We may disclose information to Centra Foundation so that they may contact you for our fundraising efforts. We will not condition treatment or payment on your choice about whether to receive fundraising communications.

Unless you give us written permission, we will never sell your information and we will not share it for marketing purposes other than for Centra internal marketing efforts.

Health Oversight
We may share medical information with the United States Department of Health and Human Services if there is an investigation of Centra. We may share your medical information with health agencies responsible for oversight activities authorized by law.

Inpatient Directory
Unless you tell us no, or you are a behavioral health patient, we will include your name and room number in our hospital directory. We will also describe your condition in general terms. This type of information will be shared with people who ask for you by name. We may also share this information and your religious affiliation with members of the clergy, even if they do not ask for you by name. If you provide us with the name of a particular church or other place of worship, we may provide your admission information to a representative of that organization, such as the pastor. We will not share detailed information with a faith community (parish) nurse unless you give us permission to do so.

Individuals Involved in your Care or Payment for Care
We may share medical information with family members, other relatives, or close personal friends if they are involved in your care, unless you object or you are a behavioral health patient. We may contact a family member, a personal representative or another person responsible for your care and tell them where you are. Unless you object or you are a behavioral health patient, we may share your general condition or death. We may share your medical information with the public or private organizations to coordinate disaster relief efforts so your family can be notified about your condition and location.

As Required By Law
We will disclose medical information about you as required by federal, state, or local law.

Public Health
We may use or share your medical information for public health activities. Such activities include preventing disease, helping with product recalls, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence.

Legal Proceedings
We may share your medical information during legal or administrative proceedings. If you are involved in a lawsuit other legal dispute, we may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other legal process.

Law Enforcement
Centra may release your medical information for certain law enforcement purposes such as in response to a court order, subpoena, warrant, summons, or other legal process. We may also release information about wounds made by certain weapons, criminal conduct at our facilities, or a death we believe may have been related to criminal acts. If you are an inmate of a correctional institution, we may release your medical information to the institution or agents in connection with our health or the health and safety of others.

Medical Examiners and Funeral Directors
We may disclose your medical information to a coroner, medical examiner or a funeral director.

Organ Donation
We may share your medical information with an organ or tissue donation and procurement organization.

Research
We may use or share your medical information for certain research purposes. We are required to meet many conditions in the law before we can share your information for research purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html .

To Avert A Serious Threat to Health Or Safety
We may use or share your medical information to prevent or lessen a serious threat to the health or safety of yourself, another person or the public.

Workers' Compensation
We may share your medical information as allowed by law for workers' compensation or similar programs.

Government Functions
We can use or share information about you for special government functions such as military, national security, and presidential protective services. If you are a member of the armed forces, we may release information about you as required by military command authorities.

Personal Health Record
We may place your medical information in an electronic personal health record (PHR). You may access your PHR, and you may choose to permit others to see it.

Your Rights Regarding Your Medical Information

Right To Inspect And Copy
You have the right to inspect or receive a copy of your medical and billing records. You have a right to have a copy sent to another person that you designate. You may request copies of records in an electronic format. If the records are available in electronic format, we will accommodate that request. Otherwise we will provide an alternative format. You have a right to obtain copies for a reasonable free. Contact Health Information for details. We may deny your request to inspect and copy your records under limited circumstances, and you may request a review of our denial. Another health care professional chosen by Centra will conduct the review of our denial.

Right to Amend
You have the right to ask to amend your medical information if you believe our records are inaccurate or incomplete. You have the right to request an amendment for as long as the information is kept by or for our organization. You must make the request in writing and include a reason for the request. Centra may deny your request. For example, we may deny a request to amend information that we did not create, or that is accurate and complete. If denied, we will provide you with a

written reason for the denial.

Right To Receive Notice of a Breach of Unsecured Health Information
Centra will notify you in writing and take the other steps required by law if there has been a breach of your unsecured health information.

Right To Request Restrictions
You have the right to restrict disclosure of your health information to your health plan for services paid out of pocket in full prior to the service being provided. This restriction applies if the disclosure to the health plan is for purposes of payment or health care operations and the health information relates to a health care item or service for which we have been paid in full prior to the service.

You have the right to request limits on how we share certain medical information for treatment, payment, or health care operations. Centra is not required to agree to your request. For example, we will not be able to meet requests that would interfere with your treatment, such as restricting which members of our workforce may have access to your records.

Right To Request Alternative Communication
You have the right to request that we communicate with you about medical matters in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than at work. Centra will accommodate all reasonable requests that are within our technical capabilities. You must make requests for alternative communication in writing.

Right To Accounting Of Disclosures
You have the right to ask for an Accounting of Disclosures. This is a list of times we shared your information for reasons other than treatment, payment, or health care operations, and certain other reasons (such as disclosures that you asked us to make). The first list you request in a 12 month period will be free. For additional lists within the same 12 month period, we may charge you for the costs of providing the list. You must submit your request in writing.

Right To A Paper Copy Of This Notice
You have a right to ask for a printed copy of this Notice.

Right To Complain
You have the right to file a complaint with Centra and/or the Secretary of the United States Department of Health and Human Services if you believe that we have violated your privacy rights. To complain to Centra, contact our Service Excellence department at 434.200.5800. You will not be penalized for filing a complaint.

Other Uses of Medical Information
Centra will not use or disclose your medical information other than as described here without your written permission. Once you give us permission, you may revoke that permission in writing at any time.

Notice of Organized Health Care Arrangement and Affiliated Covered Entity
Centra's health system consists of may entities under common ownership or control. Some of these entities have been designated as an affiliated covered entity (ACE) for purposes of HIPAA compliance. We collectively refer to these entities as the Centra Affiliated Covered Entity (Centra ACE).

The current participants in the Centra ACE are:
- Centra Health, Inc.
- Centra Medical Group, LLC Bedford
- Memorial Hospital
- Southside Community Hospital
- Centra Specialty Hospital
- HealthWorks Clinic, LLC

Some Centra ACE entities also participate in Archetype Health. Archetype Health is a clinically integrated network that operates as an organized health are arrangement (OHCA) under HIPAA. An OHCA is an organized system of health care, which may take the form of an arrangement in which the participants jointly conduct health care operations functions, such as utilization review, quality assessment and improvement activities, or payment activities.

As indicated above, this Notice applies to the entities comprising the Centra ACE, including their participation in Archetype Health. Other participants in Archetype Health are separate corporate entities that have separate notices of privacy practices. More information about Archetype Health, including the current list of participants and their locations of operations, may be found at www.archetypehealth.com or by contacting Executive Medical Director, Archetype Health, 1920 Atherholt Road, Lynchburg, VA 24501, Phone: 1-877-635-4651.

All of the entities referred to above may share medical information as necessary for treatment, payment, health care operations, and for limited other purposes as described in this Notice.

More Information
For more information, contact Centra's Privacy Officer at 434.200.7996 or write to Centra Health, Director of Information Security and Privacy, 1920 Atherholt Rd., Lynchburg, VA 24501.

THIS NOTICE IS EFFECTIVE AUGUST 1, 2016

I acknowledge that I have received Centra's Notice of Privacy Practices.

Patient Name: **Phone:**

Patient/Legal Representative Signature:_____ **Date:**
Legal Representative Printed Name: _____

For Practice Use Only: Signature of Employee: Date:

CENTRA
MEDICAL GROUP
Plastic Surgery Center

Patient: **Date of Birth:**

CENTRA MEDICAL GROUP - Consent for Treatment, Release of Information & Financial Guaranty

I authorize CENTRA MEDICAL GROUP to release any part of the patient's medical record to insurance companies or other third party payors, as needed to verify insurance coverage, submit claims, or pay claims. (The Information to be released may include psychiatric or mental health records, drug and alcohol abuse conditions, or information about HIV status and AIDS.)

CONSENT: I hereby voluntarily consent to my admission to and/or treatment by CENTRA MEDICAL GROUP and to the rendering of such care and medical treatment as may be deemed necessary by my physician or by any employee or agent of my physician or CENTRA MEDICAL GROUP, or others associated with a medical education, training or emergency medical service program, who may carry out part or all of my treatment under the direct supervision of my physician. CENTRA MEDICAL GROUP services and care to be provided may include xray examination, laboratory procedures (including drug screens), anesthesia, diagnostic procedures and other medical or surgical treatment as my physician may consider necessary. I hereby authorize my physician to permit the presence of such observers, including, but not limited to, medical residents, medical students and others associated with a medical education and/or health care training or EMS program, and healthcare industry representatives, as my physician may deem appropriate while I am undergoing treatment.

I acknowledge that Centra Medical Group may access information contained in the Virginia Prescription Monitoring Program files on all Schedule II, III, or IV prescriptions dispensed to me.

Notice of Deemed Consent for HIV, Hepatitis B and Hepatitis C Blood Testing: I understand that Virginia Code 32.1-45.1 authorize healthcare providers to test patients for HIV antibodies, Hepatitis B and Hepatitis C when the healthcare provider or any person employed by or under the direction and control of the healthcare provider is exposed to the body fluids of a patient in a manner which may transmit blood borne diseases, human immunodeficiency virus (HIV) and Hepatitis B or C. Pursuant to this law, in the event of such exposure, I will have deemed to have consented to such testing, and to have consented to the release of the test results to the healthcare provider who may have been exposed. Positive test results will also be disclosed as medically necessary for my treatment or as required or permitted by law.

MEDICARE: If I am covered by Medicare, I request payment of authorized Medicare benefits to me or on my behalf for any services furnished me by or in CENTRA MEDICAL GROUP. I authorize any holder of medical or other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

INSURANCE: I authorize my insurance company to pay CENTRA MEDICAL GROUP directly for services rendered to the patient. I understand that I am financially responsible to CENTRA MEDICAL GROUP for the charges not covered by insurance or other third party payor's. I agree that the assignment of benefits and release of information includes all professional services rendered to me by any physician on the Medical Staff of Centra for the purpose of filing my claims..

PRE-CERTIFICATION: I understand that if my insurance has a pre-certification or authorization requirement, it is my responsibility to notify the carrier of services rendered according to the plan's provisions. I understand that my failure to do so will result in reduction or denial of benefit payment, and I will be responsible for all balances.

I acknowledge that I have been given CENTRA MEDICAL GROUP's Notice of Privacy Practices. I agree that a photocopy of this form will be valid as the original to the third party payor(s) in processing or payment of a claim for these services. In this form, "I" includes all individuals who sign this form. All individuals who sign this form agree that they are individually responsible for the charges not covered by insurance or other third party payor's.

GUARANTY OF ACCOUNT

I agree to pay all charges of CENTRA MEDICAL GROUP and the physicians on its Medical Staff for services provided to the patient. No extensions that may be granted to the patient and no delays by CENTRA MEDICAL GROUP or members of its Medical Staff in enforcing any rights against the patient will release me or affect my financial liability. My obligation to pay is cumulative and in addition to all other remedies of CENTRA MEDICAL GROUP and its Medical Staff physicians from a Consumer Reporting Agency as regulated by the Fair Credit Reporting Act and expressly authorize the use of automatic dialing system and pre-recorded voice form contact by telephone, cellular telephone, paging services or electronic mail. The undersigned acknowledges that they have been provided information on CENTRA MEDICAL GROUP's financial and payment policies.

MISSED APPOINTMENTS: I understand repeated cancelation of appointments or missed appointments are subject to Missed Appointment Fees ($35 for primary care / $75 for specialty care) and/or practice dismissal in accordance with state regulations.

[ ] Is this visit related to a Motor Vehicle Accident (MVA)? I understand that my signing this form indicates that my motor vehicle insurer will pay directly to the health care provider, from any medical expense benefit available to me under any motor vehicle insurance policy, any copayments, coinsurance, or deductibles owed by me (the injured covered person) to the health care provider if I (the covered injured person) am covered under a health care policy, the health care provider is an in-network provider, and the

health care provider has submitted its claim to the health insurer for health care services. If I (the covered insured person) am not covered under a health care policy or the health care provider is not an in-network provider, the motor vehicle insurer shall pay directly to the health care provider, from such available benefits, amounts to cover the cost of the health care services rendered. A motor vehicle insurer shall be held harmless for making payments to a health care provider pursuant to valid assignment of benefits.

TO BE SIGNED BY PATIENT OR LEGAL GUARDIAN IF PATIENT IS A MINOR UNDER AGE OF 18, OR A MENTALLY INCOMPETENT PATIENT

Signature of Patient (Parent or Legal Guardian) Date / Time

Witness

CENTRA
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IMPORTANT BILLING INFORMATION

At Centra Medical Group, our mission is to provide you with excellent care and it is a responsibility we take very seriously. We want to be sure you understand our financial policy and can access the resources that you need should you have any questions. We recognize that financial difficulty is a reality for many; therefore our financial policy provides several options for patients to resolve outstanding balances.

Please contact us at least 24 hours prior to your appointment if you need to cancel or reschedule. Patients who miss appointments may be subject to a broken appointment fee of $35 dollars for primary care or $75 for specialty care.

Paying Your Bill
Insurance companies require copayments as part of your agreement with your insurance. Copayments, including outstanding amounts owed, are due upon check-in. Please pay outstanding balances promptly, at check-in or upon billing. Unpaid amounts owed will be sent to a collection agency after ninety (90) days, or three billing cycles, unless payment arrangements are made. Monthly payments will not stop collection agency placement unless arrangements are made with Customer Service.

Patients without insurance coverage will be asked to pay $80 upon check-in or make arrangements with Customer Service. Uninsured patients will receive a thirty percent (30%) discount if full payment is received within fifteen business days.

Can's Pay a Bill? We Can Help.
We recognize that medical bills are often unexpected and can be a financial strain. Please contact Customer Service at (855) 277-0431 toll free or (434) 200-3656, if you cannot pay your bill in full. Our customer service representatives can help you apply for financial assistance. Financial assistance is available through federal, state, and local programs.

Payment Options
Centra Medical Group offers several options to pay your bill. For your convenience, we accept cash, checks, and all major credit cards for payment. If you are unable to pay your bill in full, please contact Customer Service.

Other Bills
You may receive more than one bill for your hospital or clinic visit. Several physicians or caregivers may have participated in your medical care, for which you should receive separate bills. Please contact these physicians or caregivers directly if you have any questions concerning their bill.

INSURANCE
Centra Medical Group will gladly file a claim to your insurance carrier. If payment is not received from your insurance carrier in 60 days, we may request your assistance in obtaining payment, or we may bill you for the unpaid balance.

For services typically covered by insurance, we will bill your primary insurance company, and if applicable, your secondary insurance company as a courtesy, including Medicare and Medicaid. It is important to remember that health insurance coverage varies and some services may not be covered. Non-covered services are your financial responsibility and will be billed to you. If you have questions regarding your insurance coverage, please call your insurance company to better understand your policy benefits prior to receiving services at Centra Medical Group. If your insurance company does not pay the entire claim amount, we will send a bill to you to notify you of any unpaid balances. We will not send you a bill until your primary insurance company has either paid or denied your claim. This bill will usually come within 45 days after your clinic visit.