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## Patient Responsibilities

**As a patient of Blue Ridge Medical Center, we respectfully request that you:**

### Initials

\_\_\_\_\_ **Respect and Dignity:** Patients must treat all Blue Ridge Medical Center (BRMC) employees, its affiliates, and other patients with respect and dignity at all times. BRMC will not tolerate any form of aggression or verbal harassment towards anyone for any reason. Unacceptable behavior may result in removal from facility, dismissal from our practice and legal action and/or arrest.

\_\_\_\_\_ **Appointments:** Patients have a responsibility to attend their scheduled appointments and arrive on time as instructed. Must bring the following: appropriate forms of ID, documentation of legal responsibility or guardianship of the patient (if applicable), current insurance card(s), medications, and be prepared to pay the required co-pay for the visit (consider making payment on any outstanding balances). If for any reason you cannot attend your appointment, you must provide a minimum of 24-hour advance notification. Patients must review, sign and adhere to the No-Show policy document.

\_\_\_\_\_ **Insurance Coordination:** Patients are responsible for responding to insurance requests (including updated insurance information), particularly regarding coordination of benefits, or you may be billed directly.

\_\_\_\_\_ **Financial Responsibility:** Patients must accept financial responsibility for any outstanding balances owed to BRMC. Patients may contact the BRMC Finance Department to discuss payment options.

\_\_\_\_\_ **Medical Information:** Patients must provide accurate and complete information about their health, including past illnesses, medications, and hospitalizations.

\_\_\_\_\_ **Treatment Compliance:** Patients are responsible for participation in planning and following the treatment plan established by the provider. They are responsible for their actions if they refuse treatment or do not follow the established plan.

\_\_\_\_\_ **Facilities Policies:** Patients must adhere to all BRMC policies, including, but not limited to prohibition of tobacco products and vaping being used on BRMC property, no weapons, and only services animals as approved by the Americans with Disabilities Act (ADA) may be allowed.

I, (print) \_\_\_\_\_, agree to adhere to the Patient Responsibilities as described above. I understand that failure to do so may result in removal from BRMC, dismissal from receiving further services by BRMC, or may result in legal action as applicable.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date