



# CAREMED URGENT & PRIMARY CARE

11213 LEE HIGHWAY, FAIRFAX, VA

703-832-8023

MON -FRI 7AM-9 PM, SAT-SUN 9AM-5PM

## About Us

Walk-In Medical Facility

Provided urgent and primary care services

Cough, Cold, Gyne, Cuts,  
Pediatrics, Physicals, Vaccines, TB  
Testing, EKG

Xray Facility on Site

Laboratory on site

## VIU INSURANCE PLAN

6 - 12 MONTH INSURANCE  
PLAN

\$150 FOR 6 MONTHS, \$25/  
MONTH AFTER

UNLIMITED VISITS TO  
FACILITY

\$0 COPAY

INCLUDES XRAY TESTS

INCLUDES BASIC LAB TESTS

COMPARE TO TRAVEL INSURANCE

SIGNIFICANT COST SAVINGS FOR  
OUTPATIENT CARE

**ENROLL NOW!!!!!!**



## CAREMED INSURANCE PLAN CONTRACT

### Covered Services:

- 1) Outpatient Visits to Caremed Urgent and Primary care
- 2) X-ray services pending provider deem of necessity
- 3) Lab services pending provider deem of necessity (Labs provided will pre-determined by contractual obligations of Caremed with LabCorp, Inc.)  
\*\*\*Complex labs may not be covered under this plan
- 4) All services are covered pending maintaining active status of insurance plan for the date of service provided

### Services Not Covered

- 1) Inpatient Costs
- 2) Emergency Room visits
- 3) Other outpatient clinics outside of Caremed Urgent Care
- 4) Complex Labs
- 5) MRI, CT or any imaging done outside of the urgent care
- 6) Medications

I have entered into contract as a private insurance plan to cover services mentioned above with Caremed Urgent and Primary Care. I understand the services not covered by this insurance/concierge plan. I understand that this contract is only valid for the period I maintain my active status with Caremed Urgent Care with the fee schedule set forth by Urgent Care. I will not hold Caremed Urgent Care staff or providers liable for any services rendered at the Urgent Care.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (Alternative): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contract Phone: \_\_\_\_\_

By signing below, I am agreeing to the principles set in this document.

Signature: \_\_\_\_\_