

TRIANGLE FAMILY CARE, P.A.

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Cary, NC 27511
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Civil Surgeon and Applicant Agreement

Applicants who seek to adjust their status to become legal permanent residents of the United States are required to have a medical examination and certain medical tests. This required medical examination and the required tests have to be performed by a designated civil surgeon.

Dr. Craig A. Stevens is a designated civil surgeon. For purposes of the required medical examination and required testing, the applicant will **NOT** be considered a patient of Dr. Craig A. Stevens or Triangle Family Care. Applicants can choose to become patients of Dr. Craig A. Stevens and/or Triangle Family Care at a later time, but the services provided for this medical examination and the required testing are separate from the records of Dr. Craig Stevens and Triangle Family Care. This examination and associated tests will not be billed to any insurance company and the cost is the sole responsibility of the patient. No reimbursement for any of these services will be made even if the patient files a claim with his or her health insurance and it covers some of the fees.

The cost of the entire medical examination, including required tests, is US\$400.00. A nonrefundable deposit of US \$100.00 is required to schedule an appointment and this deposit will be via credit or debit card; the balance due will be paid in CASH only. No other form of payment will be accepted and the total including deposit is due after the initial consultation and before any examination or tests will be performed.

After October 1, 2018, the cost of the required tests: Quantiferon Gold blood test for tuberculosis, RPR (syphilis test) and urine examination for gonorrhea is US\$100.00 in cash. The cost for the physical examination is US\$300.00. No other form of payment will be accepted and it is due before any examination or tests will be performed. The total for the examination and minimum required tests is \$400.00 US; the non-refundable deposit will be credited toward the total balance due. Other costs may be incurred for needed vaccinations and/or additional needed blood work that can't be determined until after the evaluation and review of immunizations.

A form regarding the required tests and examination will be given to the applicant before the examination or tests are performed.

By my signature below I agree to the above conditions and declare that I have received the form regarding the required tests and have had any and all my questions answered to my satisfaction.

Name (Printed)

Signature

Date