



OFFICE POLICIES

No-show Policy

If you are unable to keep your scheduled appointment, please notify us at least 24 hours in advance so we can accommodate our other patients. You may also reschedule your appointment at that time.

*Our no-show policy is as follows: **a 24-hour notice is required.** You will be charged \$50 for the time slot we were not able to fill when you were a no-show.*

Medical Record Policy

Each patient has a complete record of all medical care received at our office.

Your personal medical record provides a history of treatment, medication, and diagnostic information that enables your health care team to make comprehensive medical evaluations.

We consider your record to be confidential. Therefore, information will not be released without your written consent, unless required by law. Copies of your medical record will be released to you or transferred to another physician upon written consent. There will be a \$25 - \$50 copying fee for this service.

Completion of Forms (Workman's compensation, disability forms, etc.)

A \$25-50 charge will be assessed for the completion of forms outside of an office visit. The charge varies on the length of the form and the time taken to complete.

Collection Policy

In case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect this amount or any future outstanding account balances.

Referral Waiver

Your signature below signifies that you clearly understand that:

- *Our Office will file a claim to your insurance carrier.*
- *Certain plans will not reimburse any money if:*
 1. *The patient request and seeks services from a physician that is not part of the plan or network,*
 2. *The patient request and seeks services from a physician without the proper referral.*

Signature of Patient: _____ **Date:** _____

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