

1860 Town Center Drive
Suite 270
Reston, VA 20190
Phone: 703-318-8157
Fax: 703-318-7525



19455 Deerfield Ave
Suite 206
Leesburg, VA 20176
Phone: 703-858-9608
Fax: 703-858-9618

PLEASE NOTE OUR OFFICE POLICIES

- **We reserve the right to charge for appointments cancelled or broken without 24 hours advanced notice.**
 - 15 minute appointment fee \$30.00
 - 30 minute appointment fee \$60.00
 - 45 minute appointment fee \$90.00
 - 60 minute appointment fee \$120.00
- **To our patient who have Managed Care Insurance (HMO):**

All patients requiring a referral MUST have a valid referral for each visit.
It is the patient's responsibility to make sure we have a valid referral.
If we do not have your referral, you will need to reschedule.
If you do not have your referral at the time of your visit, and we have to reschedule your appointment, you may be charged the under 24 hour fee.
- **Our office checks for eligibility for insurance only.** It is the responsibility of the patient to contact their insurance and determine if the doctor you are seeing is in or out of network. Please note: The out of pocket expense is higher if you see an out of network doctor.
- **Co-pays are due at the time of your visit. No Exceptions!**
 - We accept the following forms of payment:
 - Visa, Mastercard, Discover, Personal Checks, Money Orders, and Cash (exact change only)
 - There will be a \$10 administration fee added to your statement if you do not pay your copay at the time of your visit.
- **Please be advised that if you are more than 15 minutes late for your appointment, you may have to reschedule.**
- **There will be a \$30 fee for all returned checks.**

I have read and understand the above policies for Pulmonary and Critical Care Associates.

Signature _____ Date _____

Specializing in Pulmonary, Critical Care and Sleep Medicine