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Office Policies

In order to provide our patients services in a timely and courteous manner we have implemented the following office policies. Our office hours are by appointment only; please call the office to schedule all appointments. If the office is closed, please call the doctor on call for **emergencies only**. Allow one week for referrals and two business days for all medication refills.

If you have abnormal test results (labs, x-rays/imaging, sleep studies, etc) you will be asked to come back in for an appointment to discuss your results, at which time we will review your treatment plan and issue any orders required for further treatment and additional testing. No abnormal results are discussed over the phone or by email.

In the past, we were able to provide administrative and some healthcare services free of charge, as health insurance payments helped to cover these. With shrinking reimbursements, this is no longer the case. There is now a minimum charge of \$10.00 for the completion of simple forms and letters. Complex forms and letters may incur an extra charge. There will be a minimum \$10.00 fee for lost prescriptions and lost order forms or referrals.

Missed Appointments

Appointment times our office are of high-value and demand, therefore, we would greatly appreciate you making every effort to keep all scheduled appointments. However, if it is necessary to change an appointment we require **one business day's** notice. If cancellation occurs less than one business day prior to the appointment there will be minimum charge of \$35.00 for a missed appointment fee, and a minimum charge of \$60.00 for routine physicals. In the event you are late for an appointment, we will make every effort to see you, but we may not be able to complete your full treatment as planned for that day. If there is not enough time to take care of your needs an additional appointment may need to be scheduled for another day.

Account Management

It is the patient's responsibility to be informed as to what your insurance plan will and will not cover prior to office visit. It is also the patient's responsibility to ensure that we have the correct insurance information for billing purposes. If we participate with your insurance we will gladly submit a claim to your primary insurance carrier if you provide a valid insurance card. Previous balances and co-pays will be collected at the time of service. In the event an account is not paid in full within 60 days, it becomes delinquent and it is the responsibility of the patient to pay a \$25.00 late fee/collection fee.

Signed: _____ Date: _____

* Refusal to sign does not nullify the enforcement of these procedures *

These policies are subject to change without notice