

RESTON MEDICAL ASSOCIATES, LTD.

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New Patient
 Update

Gwilym Parry, MD.
 Tessa Cholmondeley, MD.

PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Reston Medical Associates for your medical needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities:

- We bill your insurance company if we participate, however the patient is required to provide the most correct and updated information regarding insurance.
- Patients whom have had changes in their insurance are responsible for contacting their insurance company to make sure your doctor is a participating provider.
- Patients are responsible for payment or copays, coinsurance, deductibles and all other procedures not covered by their insurance plan.
- Copays are due at the time of service.
- Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing statement.
- Patients may incur, and are responsible for payment of additional charges, if applicable. Those charges include: Charge for returned check \$75
- By my signature below, I understand that I am financially responsible for charges that are not covered by my Insurance Company.

Patient Name: _____

Patient/Guardian Signature: _____ Date: _____