



OPHTHALMIC
PLASTIC
& ORBITAL
CONSULTANTS, P.C.

Kevin I. Perman, M.D.
Albert S. Cytryn, M.D.

Office Locations:

Bethesda

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Fairfax

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Suite 210
Fairfax, VA 22031
703-849-8185

Greenbelt

7501 Greenway Center
Drive Suite 220
Greenbelt, MD 20770
301-513-9134

Limited to:

- Diseases and Surgery of the Eyelids, Orbit and Lacrimal Apparatus
- Cosmetic Eyelid and Facial Surgery
- Aesthetic Laser and Endoscopic Surgery
- Thyroid Ophthalmology
- Botox Injections

Please address all
correspondence to the Bethesda
office

Thank you for choosing our practice as your health care provider.

PATIENT RIGHTS AND RESPONSIBILITIES

Kevin I. Perman, M.D., and Albert S. Cytryn, M.D., are committed to ensuring the following patient rights:

- 1) Your right to safe, confidential, professional and considerate care.
- 2) Your right to privacy regarding your personal care.
- 3) Your right to refuse part or all of the treatment suggested to you.
- 4) Your right to be informed prior to a procedure about any treatment that would be performed and the risks and dangers of that treatment.
- 5) Your right to voice grievances and recommend changes in the policies to the staff.

As a patient you are responsible for:

- 1) Providing an accurate and complete history about your health status, including medications you are taking.
- 2) Providing a copy of your health insurance card(s).
- 3) Providing our practice with a referral at the time of your visit, if required by your health insurance carrier.
- 4) Following the treatment plan recommended by your physician.

OUR FINANCIAL POLICY

Please understand that payment of your bill is considered a part of your treatment. Our practice is committed to providing the best treatment for each patient. Our charges are the usual and customary ones for our area.

- 1) All patients must complete our information and insurance form before seeing the doctor.
- 2) Regarding insurance plans where we are *participating providers*, all co-payments and deductibles are due at the time of treatment, as well as referrals, if applicable.
- 3) We do not accept assignment of indemnity insurance.
- 4) Some, perhaps all, of the services provided may be *non-covered services and or not considered reasonable and necessary* by Medicare and/or other insurance carriers, and will be the patient's financial responsibility.
- 5) Cash, personal checks, MasterCard, and Visa are accepted.

I have read the Patient Rights and Responsibilities and the Financial Policy of Ophthalmic Plastic and Orbital Consultants, P.C. I understand and agree to these terms.

Signature of Patient

Date