



ALBERT CYTRYN MD
P.C.

Albert S. Cytryn, M.D.

Office Locations:

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301-571-0000

Greenbelt

7501 Greenway Center Drive
Suite 220
Greenbelt, MD 20770
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Limited to:

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

Please address all
correspondence to the Bethesda
office

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

PATIENT RIGHTS AND RESPONSIBILITIES

Albert S. Cytryn, M.D., is 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 my practice with a referral at the time of your visit, if required by your health insurance carrier.
- 4) Following the treatment plan recommended by Dr. Cytryn.

OUR FINANCIAL POLICY

Please understand that payment of your bill is considered a part of your treatment.

This practice is committed to providing the best treatment for each patient. Our charges are the usual and customary ones for this area.

- 1) All patients must complete our information and insurance form before seeing the doctor.
- 2) All co-payments and deductibles and referral are due at the time of treatment, if applicable.
- 3) This practice does not accept assignment of indemnity insurance. This practice does not accept any State issued insurance plans.
- 4) Any services provided which may be deemed *non-covered services and/ or not considered reasonable and necessary* by your insurance carrier 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 this practice. I understand and agree to these terms.

Signature of Patient or Responsible Party

Date