

CHINGCHAI WANIDWORANUN, MD, PLLC

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Deductibles

I am aware and or have been informed by the staff at **Chingchai Wanidworanun MD PLLC**, "**The Practice**", that there is a remaining deductible in my health insurance plan, therefore today's doctor visit at **The Practice** may not be paid by my insurance. I agree to pay for today's visit at The Practice today at the end of the visit. I understand that the amount to pay will be estimated according to rate set by my insurance for the type of service. The Practice will then submit the claim to my insurance, which will specify in remittance advice/explanation of benefit (RA/EOB) whether there is a remainder amount that I will need to pay further to The Practice. If according to the insurance RA/EOB I have overpaid The Practice, I understand that The Practice will mail me a refund check for the appropriate amount in a timely fashion.

Signature of Patient / Personal Representative **Name** of Patient / Personal Representative **Date**

Getting a Medical Service

I am aware and accept that **myself** and **The Practice** are the only parties in arranging for my medical services initiated by **The Practice**. The usual and proper arrangement of a medical service occurs at an office visit between the patient and the doctor. For example, only the persons assigned by me to have my power of attorney can take part in arranging for my medical services when I am not able to do so. All other entities including pharmacies are not any party nor a surrogate in arranging for my medical services that will be done by **The Practice**. These other secondary parties may get involved only after **The Practice** and I have agreed on and have arranged for a medical service, and asked for, and have mutually agreed upon their involvement.

Signature of Patient / Personal Representative **Name** of Patient / Personal Representative **Date**

At Arlington Office: 4001 9th Street North, Suite 228, Arlington, Virginia 22203