Carol L. Piatt, M.D.
10560 Main Street, Suite 415
Fairfax, VA 22030
Phone: (703) 691-3376
Fax: (703) 691-3378

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____, have received a copy of Dr. Carol Piatt's Notice of Privacy Practices.

_____ _____
Signature of Patient Date

Fees and Payments

We make every effort to keep down the cost of your medical care. You can assist in this endeavor by paying for treatment at the time of your appointment. Our billing procedures are outlined below to avoid misunderstandings regarding fees and payments.

Appointments

We see all patients on an appointment only basis. Please call in advance so that we can reserve time for you. We make every effort to not overbook appointments. We allow ample time to address and treat any problems you may have. We feel your time is as valuable as ours, therefore please call office if you can't keep an appointment. We keep an active wait list of patients who truly need to be seen. Please allow 24 hours notice for any cancellations so our time slot can be given to one of these patients.

We reserve the right to impose a penalty for missing an appointment without attempting to notify our office 24 hours in advance.

_____ _____
Signature of Patient Date