

# HARMONY MEDICA, PLLC.

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## Office Policies

Welcome to Harmony Medica Anti-Aging Clinic. Thank you for choosing us as your wellness support team. We look forward to working with you. We would like to take this opportunity to familiarize you with our office policies, which are designed to help us consistently deliver the highest patient care possible. **Please sign below to acknowledge that you have read and understand our policies.**

### Canceling or Rescheduling an Appointment

**Please notify our office by phone at least 48 hours before your appointment if you need to cancel or reschedule. Our fee for missed appointments, appointments cancelled or rescheduled with less than 48 hours' notice is 100% of the cost of the visit.**

### Speaking to Dr. Coleman by Phone

If you are experiencing a medical emergency, please call 911. Unless your questions are related to adverse reactions to current medications or significant changes in symptoms, please plan to have Dr. Coleman respond to them during a scheduled office visit or paid telephone consultation. *Note: Telephone consultations are available for specific situations and require a signed credit card consent form on file. All telephone consultations must be scheduled appointments. Long distance telephone calls must be patient initiated. Patients are responsible for calling Dr. Coleman's office at the designated appointment time and for any long distance charges associated with the telephone consultation.*

### Health Insurance Coverage and Medicare

To ensure the highest standard of medical care for our patients, Harmony Medica does not participate with any health insurance plans, including Medicare. We cannot guarantee insurance reimbursement of any "out of pocket" expenses. However at the time of your visit, we will supply you with a "Superbill" with insurance codes and other required documentation to facilitate your submission of a claim.

### Flexible Spending Plans & Health Savings Accounts

Although plans vary, if you have a Flex Spending Plan or Health Savings Account, it may cover some of our services. In addition, it may cover laboratory fees and prescribed medications and supplements. We will supply you with documentation required to facilitate your reimbursement claim filing for eligible expenses.

### Payment for Services

Payments and fees are due at the time services are rendered. We accept Visa, MasterCard, Discover, American Express, checks or cash. A \$30 fee will be charged for each returned check.

### Your Agreements with Harmony Medica Regarding Payment for Services

I understand that my insurance company may not reimburse me for the expenses incurred at Harmony Medica. I understand and agree that all expenses incurred at Harmony Medica are my responsibility or the responsibility of my guardian as indicated below if appropriate.

**I have read, understand and agree with the policies above.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (guardian's signature if under age)

\_\_\_\_\_  
Date