

# OFFICE GUIDELINES

Rochelle S. Hardy, M.D. 7404 Executive Pl, Suite 502, Lanham, MD 20706

PHONE# (301) 249-2700 FAX# (301) 249-4559

- ◆ Our office hours are: Monday, Tuesday and Friday, 8:30a.m.-5:00p.m. (lunch 1-2), Wednesdays 8:30a.m.- 1:00p.m. and Thursday, 8:30a.m.-6:00p.m.(lunch 1-3)
- ◆ This practice employs a university trained, board certified Physician Assistant and she may be involved in the rendering of medical care along with an attending physician.
- ◆ General questions, appointments, prescription refills, lab slips, and referrals will be done during office hours only. There will be a \$3 charge for lost prescriptions and referrals.
- ◆ We **do not** Fax referrals
- ◆ If you need to cancel your appointment, it must be done 24 hours prior to your appointment time or you will be charged a **\$40** fee. Call the office to cancel. Please understand that Dr. Hardy and Mrs. Clark have reserved this time especially for you and another patient will not be able to be seen.
- ◆ Please remember that co-pays are due at the time of service or we will have to reschedule your appointment.
- ◆ Please note that if you have an outstanding balance on your account, 50% of that balance must be paid in order to be seen, unless it is determined that you have a medical emergency.
- ◆ As a service to you, we can fill out forms (disability documents, school forms, FMLA) for a fee of **\$30** due at the time forms are received. Please allow a minimum of 3 business days for completion of the forms.
- ◆ A copy of your medical records can be provided to another doctor at no charge. A copy of your medical records can be provided to you with a **minimum** fee of **\$30**, depending on the size of your chart.
- ◆ We accept personal checks and credit card payments. There is a **\$35** returned check fee.
- ◆ I give my permission for Dr. Hardy to be notified by any Maryland hospital of either my hospital admission/discharge or ER visits  Yes  No

***I have read and understand the policies of the practice and I agree to be bound by the terms. I also understand and agree that such terms may be amended from time to time by the practice.***

\_\_\_\_\_  
Signature of Patient (Parent) or  
Print name of Patient (Minor)

\_\_\_\_\_  
Print name of Policy holder

\_\_\_\_\_  
Date

