



**Kevin I. Perman, M.D.**

**OFFICE LOCATIONS:**

**Bethesda**

6420 Rockledge Drive  
Suite 4300  
Bethesda, MD 20817  
301-571-0000  
FAX 301-571-0853

**Washington**

900 17<sup>th</sup> Street, NW  
Suite 400  
Washington, DC 20006  
202-615-5525

**Fairfax**

8503 Arlington Blvd.  
Suite 130  
Fairfax, VA 22031  
703-849-8185

**Gainesville**

7051 Heathcote Village Way  
Suite 155  
Gainesville, VA 22155  
703-341-9800

Limited to:

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

*Please address all  
correspondence to the  
Bethesda office.*

*Thank you for choosing our practice as your health care provider.*

**PATIENT RIGHTS AND RESPONSIBILITIES**

*Kevin I. Perman, 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 our practice with a referral at the time of your visit, if required by your health insurance carrier.
- 4) Following the treatment plan recommended by your physician.

**OUR FINANCIAL POLICY**

*Please understand that payment of your bill is considered a part of your treatment. Our practice is committed to providing the best treatment for each patient. Our charges are the usual and customary ones for our area.*

- 1) All patients must complete our information and insurance form before seeing the doctor.
- 2) Regarding insurance plans where we are *participating providers*, all co-payments and deductibles are due at the time of treatment, as well as referrals, if applicable.
- 3) We do not accept assignment of indemnity insurance.
- 4) Some, perhaps all, of the services provided may be *non-covered services and or not considered reasonable and necessary* by Medicare and/or other insurance carriers, and 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 Ophthalmic Plastic and Orbital Consultants, P.C. I understand and agree to these terms.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date