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Risa E Sanders, Ph.D.
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Gentle Reminders and Office Policy Updates

As the New Year arrives, your attention to the following is greatly appreciated. Please read and initial your each item, and, as always, do not hesitate to let me know if you have any questions or concerns whatsoever. Please keep a copy for yourself. Thank you very much!

1. _____ In extreme weather situations, **the office will close if Fairfax County Government closes.** Dr Sanders will provide an updated message on the office voicemail. If Fairfax County Public Schools are closed, then liberal cancellation policies will be in effect and the 24 hour policy will be waived if you do not feel comfortable driving to the office. Please check the office message at (703) 919-1959 for information related to appointments in these weather situations.
2. _____ I understand it is always my responsibility to verify my **insurance benefits** and any pre-authorizations my insurer may require, and that I am responsible for any deductible and/or co-payments, which are payable at the time of service.
3. _____ I understand Dr. Sanders will file insurance benefits on my behalf if she is in-network with my insurer. However, in the event there is a dispute or denial of benefits, Dr. Sanders will resubmit once and then it will be my responsibility to pay my fee directly and follow-up with my insurance company. Dr. Sanders will assist me by providing the appropriate information for me to follow-up with them.
4. _____ I understand and agree that **I will be responsible for my fee in full for any appointment not cancelled at least 24 hours in advance unless it is a true emergency situation.** However, if Dr. Sanders is able to fill that appointment, I will not be billed.
5. _____ I understand Dr. Sanders accepts **credit card payments** as a convenience to clients. She utilizes Square as the application to process credit card payments. If I wish to pay using a credit card, I agree to hold harmless Dr. Sanders, and Risa E. Sanders, Ph.D., PLLC, for any identify, security or data breaches that may be related to this transaction. As a medical entity, Dr. Sanders has directed Square not to send me email receipts. If I would like receipts, Dr. Sanders will provide them to me directly.
6. _____ I understand that Dr. Sanders will close my file if no appointments have been kept in a month's time.

Signature

_____ (date)

Please print your name (or that of minor if singing for a child)

