WASHINGTON DC DERMATOLOGY

Yolanda C. Holmes, M.D., F.A.A.D.
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(One block from Farragut North, Two blocks from Farragut West Metro)

No Show / Cancellation Policy

If you fail to notify us before 48 hours of your scheduled appointment, a $75 No Show fee will be billed to your account. You must call and leave a message or speak to someone in our office.
No Email cancellation accepted.

I have read and agree to the above statements.

_____
Signature

_____
Print Name

_____
Date

Please Read Carefully

1. Patient will be responsible for all amounts not covered by insurance. We accept Visa, Mastercard, American Express and Discover. etc.
2. I acknowledge that I am fully responsible for all charges incurred for services rendered to me. Any payments received from an insurance company will be credited to my account and I will be liable for any unpaid balance. I understand that if I don't pay, I may be transferred to a collection agency.
3. I hereby authorize the release of all information relating to any claim for benefits on behalf of myself and/or my dependents. My signature on this document authorizes Yolanda C. Holmes, M.D., F.A.A.D. to submit claims for benefits arising from services rendered.

Signature _____ **Date** _____