Rajesh K. Sethi M.D., PLC

4660 Kenmore Avenue, Suite 408, Alexandria, Virginia 22304. Phone 703-751-3500 / Fax 703-751-1613

Neurology • EMG • EEG • Evoked Potentials • Sleep Disorders

Acknowledgement of Receipt of Notice of Privacy Practices

I have been given an opportunity to read the Notice of Privacy Practices and can request a copy. The policy is also posted at our web site www.rsethimd.com

I also understand that I can contact the Privacy Officer, Ms. Malti Sethi at 703-751-3500, and 4660 Kenmore Avenue, Suite 408, Virginia 22304 for further information about HIPPA compliance.

Practice Financial Policy

Acknowledgement of Receipt of Notice of Office Financial policy:
Co-Pays where applicable are required at the time of service. Patients who have not met their Insurance deductibles may be required to pay at the time of service.

Acknowledgement of Receipt of Notice of No Show Fees
The following no show fee will be charged if you do not call to cancel your appointment at least 24 Hrs. before your scheduled appointment.

No Show for Office visit	**$50.00**
No show for Office procedures (EMG/ EEG/EP)	**$100.00**

Prescription refill Policy

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Prescription refills should be done by going to your pharmacist and having them send an electronic request or fax to us during normal business hours. No prescription refills will be given without an office appointment for controlled substances such as opioid pain medications, benzodiazepines for anxiety, stimulant medications, and some hypnotic medications for sleep. Patients will receive a sufficient number of refills until the next appointment except for Schedule 2 medications where no refills are allowed by law.

Hospital admission Policy

This is an office based Adult Neurology Practice. If you require hospitalization then Dr. Rajesh Sethi collaborates with hospital based Neurologists who will attend to any Neurological problems during your stay in the hospital and then transfer your care back to our practice upon discharge ensuring a continuity of care.

Signature: _____

Name: _____ Date: _____