Metropolitan Medical Consulting Services, LLC
Dr. Kimberly L. Bolling
4000 Mitchellville Road Suite B424
Bowie, MD 20716
(P)301-352-0090 (F) 301-390-6029

In effort to continuously strive to exceed the expectations of our valued patients, we have adopted the following office policies. The fee is per patient and must be paid in advance, at the time the service is requested. This fee is not billable to your insurance carrier.

Copayments/Deductibles
Copayment/Deductibles are due at the time of services. **No EXCEPTIONS!!**

Cancellation
There will be a $25.00 charged for same day cancellations.

Medical Forms/Letters
There will be a $25.00 administrative fee for completion of all forms/letters. There will be a 7-14 business day turnaround time.

Medical Records
A copy of your medical records can be provided to you. There is a $22.88 administrative fee associated with copying of the medical records as well as .76 per page by Maryland state law. Please allow a 7-14 business day turnaround.

Referrals
Please obtain any referrals that are needed for any upcoming appointments. Make sure you take your referral on the day of your appointment. If you misplace or lose your referral(s) you must come to the office to pick up replacements. If the office has replaced your referrals on several occasions there will be a $10 fee for the duplication of any/all referrals.

Prescription Refill
Any prescription needing refilled should be done at the time of your appointment. Be sure to obtain enough medication to last until your next appointment. (Generally a 12-16 weeks supply depending on the medication) For refills call the office number and press prescription option, leave voicemail it is checked everyday day by Dr. Bolling.

Results
It may be necessary that you make a follow up appointment to discuss your results. No abnormal results will be discussed over the telephone. **NO EXCEPTIONS!!**

Name:_____ **Signature:**_____

Date: _____

Metropolitan Medical Consulting Services, LLC
Dr. Kimberly L. Bolling
4000 Mitchellville Road Suite B424
Bowie, MD 20716
(P)301-352-0090 (F) 301-390-6029

Receipt of Notice of Privacy Practice Acknowledgement

I, _____, acknowledge receiving on _____,
(Print Patient Name) (Date)

a copy of Metropolitan medical group's notice of privacy.

Patient Signature: _____

For Office Use Only

I attempted to obtain the patient's signature in acknowledgement of this receipt of notice of privacy practices acknowledgement, but was unable to do so as documented below:

Date	Staff Initials	Reason
		Refused to sign (Circle if applicable) **Other:**