



Center for Rheumatic Diseases & Osteoporosis

William W. Mullins, M.D. | Anu Sharma, M.D. | Seema A. Goyal, M.D.

6001 Montrose Road, Suite 702, North Bethesda, MD 20852

Office: 301-230-5888 | Fax: 301-230-2488

NO INSURANCE INFORMATION

- I elect to be seen without having my insurance information.
- I acknowledge that I am **SELF-PAY** at the time of service.
- If I provide the CRD billing department with my insurance information within five (5) business days after my date of service, my claim will be submitted to my insurance, and I will be reimbursed when my insurance claims have been paid.

Patient's Name:	
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Patient's Signature:	
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CRD Account #:		Date:	
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