



**Lynn Keefe, MD**  
pediatrics

## Office Procedures and Patient Charges

This letter serves to notify you in advance of our office procedures and of charges that you may incur at my office when your insurance “allows” for the services but will not pay for the services. Know in advance that I follow the AAP guidelines for the highest standard of care, and will not compromise your child’s complete medical care to reduce charges. I do my best to make sure documentation and coding to your insurance company are accurate.

A common charge is for “forms” such as mental health screening forms, developmental tracking forms, school sports physical forms, daycare forms, and forms that screen for risky behaviors. My charge for each form will never exceed \$10. If you request a sports physical form and your child’s annual checkup was more than 6 months prior, I will charge for an office nurse visit to update your child’s vital signs, weight, and height. If you misplace a form, there is a \$10 fee for a duplicate. \_\_\_\_\_

For every patient, I will collect and thoroughly review past medical records. Some insurance companies pay for all or part of medical record collection and review service, some do not. I will bill no more than \$25 for the remainder of the charges not covered by your insurance company. If you desire copies of your child’s medical records, there is a \$1.00 per page fee for the first 25 pages and 25 cents for each additional page. \_\_\_\_\_

I encourage you to call me after hours and on weekends if you have an urgent medical question or need immediate advice. Some insurance companies pay me for telephone patient care, some do not. I will bill you a maximum of \$22 for the remainder of the charge that is not covered by your insurance. \_\_\_\_\_

For patients with more complex medical conditions and diagnosis requiring referrals to specialist(s), I will bill monthly fees for time coordinating specialists’ services. Your insurance company may or may not pay a portion of these fees; you will be responsible for the remaining balance. \_\_\_\_\_

For parents who desire separate appointments for separate immunizations, you will be charged an office nurse visit in addition to the regular vaccine charges. You will be responsible for the co-pay for each separate vaccine visit. \_\_\_\_\_

Finally, if you miss an appointment, or call on the same day to cancel, you will be charged \$50. Please call no later than 24 hours before an appointment to avoid this charge. There is an administrative fee of \$25 for any insufficient funds check, and a \$5 fee for bills not paid with each monthly statement. \_\_\_\_\_

My entire staff and I truly appreciate you bringing your children to us for their care. Please let us know how we can improve our services.

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