

OFFICE PROCEDURES AND PATIENT CHARGES



| | |
|----------------------------|----------------------------|
| DATE / / | |
| PATIENT NAME | BIRTHDAY / / |
| PARENT NAME | BIRTHDAY / / |

Please initial each line.

This letter serves to notify you in advance of our office procedures and charges. These include charges you may incur at our office when your insurance “allows” for the service(s) but does not pay for the service(s). Please know in advance that we follow the American Academy of Pediatrics’ guidelines for the highest standard of care, and we will not compromise your child’s complete medical care to reduce charges. We do our best to ensure that documentation and coding to your insurance company is complete and accurate.

- _____ A common charge is for “forms,” which include, but are not limited to, mental health screening forms, health risk screening forms, developmental tracking forms, sports physical forms, and daycare forms. Our charge for each form will never exceed \$10. If you request a sports physical form more than 6 months from your child’s previous annual checkup, we will charge \$25 for a nurse visit to update your child’s vital signs, height, and weight. If you misplace a form, there will be a \$10 fee for a duplicate.

- _____ For each patient, we will collect and thoroughly review past medical records. Some insurance companies will pay for all or part of the medical record collection and review service, and some do not. We 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.

- _____ We encourage you to call us after hours and on weekends if you have an urgent medical question or need immediate medical advice. Some insurance companies will cover telephone consults, but some do not. We will bill you a maximum of \$25 for the remainder of the charge if it is not covered by your insurance company.

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

- _____ Finally, if you miss an appointment or call on the same day to cancel an appointment, you will be charged a \$50 fee. Please call no later than 24 hours in advance to change or cancel 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.

Dr. Keefe, Dr. Lee, and our entire staff truly appreciate you bringing your children to us for their care. Please let us know if we can improve our services in any way.