

OFFICE PROCEDURES AND PATIENT CHARGES



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). 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.

_____ **Forms:** Including but 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 not exceed \$10. If you request a sports physical form more than 6 months from your child’s previous annual checkup, an office visit is required and additional charges will be incurred. If you misplace a form, there is a \$10 fee for a duplicate.

_____ **Medical Records:** For every 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 will not. We will bill no more than \$25 for any remaining charges not covered by your insurance provider. 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.

_____ **After Hours Telephone Calls:** 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 services, and some will not. We will bill you a maximum of \$25 for the remainder of the charge if it is not covered by your insurance company.

_____ **Referrals:** 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 cover these fees; you will be responsible for any remaining balance.

_____ **Missed/Cancelled Appointments:** There is a \$50 fee for a missed appointment or same-day cancellation. 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 any 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.