

OFFICE PROCEDURES AND PATIENT CHARGES



Patient Name \_\_\_\_\_ Parent Name \_\_\_\_\_ Date \_\_\_\_\_

*Please read and 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). We follow the American Academy of Pediatrics’ guidelines for the highest standard of care; we will not compromise your child’s complete medical care to reduce charges.

- \_\_\_\_\_ **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. We will bill \$25 for 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. We will bill you \$25 for this service if not covered by your insurance company.
- \_\_\_\_\_ **Evening, Weekend and Holiday Appointments and Medical Home Value:** There are added fees for appointments after 5pm, and for holiday and weekend appointments. There is also a fee for the value of our office being a “medical home” for your child, coordinating and keeping track of development and care that is not a part of urgent care centers. You will be responsible for these fees if your insurance does not cover these charges.
- \_\_\_\_\_ **Referrals to Specialists:** 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. There is a \$2 fee for all charge card transactions. There is 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.