

General Fees for Pediatric and Adolescent Medicine

(Revised 04.18.2024)

1. **We collect copayments and balances due for all visits when you check in, and this is based on the contractual agreement between you and your insurance health plan.** We accept cash, checks, Visa, MasterCard and Discover Card.
2. When appointments are missed, or cancelled with little notice, it leaves an opening that could have been used for another patient. We reserve the option to charge \$30.00 (or the amount of your copay) for **NO-SHOWS** for all types of visits. **This fee is not covered by your insurance.**
3. Document fees are assessed as follows:
 - \$30.00 Document fee for all documents for HMO patients through 2024
 - Fee is included in the Annual Administration Fee for all other patients.
4. We charge for the following services that are **not covered** by your insurance:
 - Repeated requests for transfer of medical records from doctor to doctor as well as copies of records sent to parent(s) for personal use-\$30.00 flat rate for a multi-page PDF, CDR. Paper copies can be requested for an additional \$0.25 per page.
 - Returned check charge-\$30 per check.

If you have any questions about our fees or payment policies, please feel free to speak with our Office Manager.

Patient(s) Name(s) _____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

Signature: _____ Date: _____