




TO OUR PATIENTS

We are pleased that you have chosen us to help in the diagnosis and treatment of your child's serious medical condition. All of our patients are important to us, and we strive to achieve a successful and healthy outcome for each, as well as balance the needs of everyone involved in their care. Your child may require services from our office that are not covered by your insurer. Should you require any of these services, we are happy to provide them. You will be charged at the rates below and at the time of service, payable by cash, check or credit card. It has become necessary for us to take this action, since these indirect services take valuable time away from the doctor's direct patient care responsibilities.

SERVICE	DESCRIPTION	CHARGE
Lab results	You have a choice as to how you would like to receive this information. The most efficient is by postcard, at no charge. The second is by telephone, a service that requires my time. For this we charge either \$35 or your visit copay, whichever is less (A note is kept in your chart)	Options  Postcard \$0  Phone call \$35  Office visit
Body Composition Analysis by BIA	Performed by bio-electrical impedance, provides percent body fat, basal metabolic rate, estimate of weight to lose and predicted response to changes in diet and exercise. A printed report is provided	\$75.00
School Health Forms (for diabetic patients)	Required annually, we complete all forms including hypoglycemia treatment, insulin dosage, and glucose monitoring. Mailing or faxing of forms in a timely manner. Copies are kept in your child's medical record.	\$35.00
Special reports	Forms or letters to insurers or other agencies. (Does not include our standard consultation reports to your child's primary care physician.)	\$25.00
Copying records	Complete copies of your child's medical record will be provided within 2 weeks of receipt of your signed request.	\$35.00
Conferences	It is sometimes necessary to discuss the serious implications of your child's condition with other family members or caregivers. We are happy to accommodate your needs in these circumstances.	\$150 for 30 min \$300. for 60 min
Missed appointments	Because our appointment times are in demand, if you have not cancelled your appointment 24 hours before you are scheduled, we assume that you will show up. Should your child miss three appointments, he/she will be referred back to your primary care physician.	\$100 for missed appt.
Prolonged phone calls	Discussion of additional history, unusual response to medications, concerns about other symptoms not raised during office visit (Note is kept in chart)	\$75.00

We reserve the right to make changes to this list without prior notice. (Modified January 2009)

I have read this form and agree to these terms.

Parent or Guardian

For

Date

Patient