

NOTIFICATION OF POSSIBLE NON-COVERED SERVICES

There are recommended screening tests which may be performed at a well checkup that are necessary for the maintenance of good health. These tests may or may not be covered by your medical insurance.

If your medical insurance is Healthcare Reform Compliant it should cover the following services.

It will be the patient's responsibility to pay for any non-covered services. If you have any questions about whether or not a particular service is covered by your medical insurance, please contact your insurance company.

Patient Name/ Chart #

Possible Non-Covered Service(s)	Amount
Complete Blood Count (CBC)- every 2 years	\$17.00
Cholesterol Screening – 9-11 years old	Sent to outside Lab
Eye Screening- with a spot vision screener	\$20.00
Hearing Screen	\$40.00
M-Chat Autism Questionnaire- 18 months old	\$15.00
Glucose	\$6.00
Urinalysis	\$10.00

FORMS/SERVICE FEE

Fees will be charged for the following forms if not requested at the time of an office visit:

- Prescriptions - \$25
- Blue Card - \$5
- Daycare Forms - \$5
- Camp & Sports Physicals Forms - \$10
- School Medication Authorization Forms - \$5
- FMLA or Disability Forms - \$20
- Letters requested by patients - \$20

(ALL FORM FEES WILL BE DUE AT THE TIME OF PICKUP.)

Rush Form Fee:

If a form is needed in less than 24 hrs. the form fee will be doubled.

- Nurse/Lab visits which are non-physician visits - \$15
(Weight checks, immunization updates, and labs.)
- No-Show Appointments - \$50
- Minimum \$30 charge for any after-hours physician call not related to an office visit

Guardian Signature

Date

