



Administrative Fees

I understand the services listed below are included in the one time per year \$10.00 administrative services fee one time per fiscal year. I am **not** required to pay the administrative fee; however, I understand that if I elect not to pay the administrative fee, I will be responsible for the fees listed below:

Billable items on a requested basis-list include but are limited to:

1. \$50.00 for completion of all forms:
 - A. Disability
 - B. FMLA
 - C. Life Insurance
 - D. Other miscellaneous administrative forms required by third parties other than your insurance company
2. \$15.00 for patient requested computer generated reports (additional claims, statements, payments histories, etc.)
3. \$38.00 for copying medical records
4. Other administrative services that are not a covered service/benefit under your certificate of insurance. Fee to be determined at the time of request.

Records to the Primary Care/Referring Physician are FREE of charge and are not included in the \$10.00 administrative fee.

All of these activities add to the cost of caring for you, our patient. Still, we are committed to providing you with the best possible care. We thank you for your understanding and cooperation.

____ I **ACCEPT** the \$10.00 calendar year administrative service fee.
**** **NOTE: Multiple requests may result in additional charges******

____ I choose **NOT** to pay the administrative service fee. I understand that if I elect not to pay this fee; I will pay for the services as I need them.

Signature (Guardian if patient is a minor)

Date