



PEDIATRIC ASSOCIATES MEDICAL GROUP, INC.

PRACTICE LIMITED TO INFANTS, CHILDREN, AND ADOLESCENTS

ADMINISTRATIVE POLICY

The physicians at Pediatric Associates Medical Group are committed to providing the highest quality of care to our families. Unfortunately, there are certain services that are not covered or reimbursed by insurance companies. In order for us to continue to provide exceptional comprehensive care as contracted providers with insurance companies, we are implementing an annual administrative fee to all our families.

The administration fee will allow us to continue to provide the kind of care that our patients and families have come to value without individually charging for the services we gladly provide. This fee is designed to bundle together the cost of certain services that otherwise are charged to you individually at higher rates as you need to access those non-covered services. These services include, but are not limited to:

- Phone calls to review lab results, specialist recommendations, and discuss questions or concerns, rather than having to schedule an in-person appointment to review
- Prescription refill requests occurring outside of appointments
- Completing authorizations/pre-authorizations for medication, specialists, and therapies
- Letters to schools and airlines for your child's needs
- Medical record transfer costs when sharing records with specialists
- Completing health forms for school/camp/sports forms
- Access to HIPAA compliant e-mail for secure messaging with the office

The annual administrative fee for Pediatric Associates Medical Group families is:

- Families with one child - \$200.00 per year
- Families with two children - \$250.00 per year
- Families with three or more children - \$300.00 per year

I, the undersigned, agree to the Pediatric Associates Medical Group annual administrative fee. I understand that the annual administrative fee is paid and renewed yearly and covers for services not covered by my insurance plan. I am aware that additional children in the family will automatically be added. I agree to pay the additional cost within 15 days after a new child is added to my family.

All administrative fees are due within 15 days of the new calendar year (by January 15th) or upon transferring to our practice.

The cost of the annual administrative fee is:

- Families with one child - \$200.00 per year
- Families with two children - \$250.00 per year
- Families with three or more children - \$300.00 per year

I have read and understand the administrative fee information and agree to the terms of Pediatrics Associates Medical Group's annual administrative fee policy. I agree to pay this fee for items and services not covered and not reimbursed by my insurance plan.

Parent/Guardian Signature: _____ Date: _____

Relationship: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Amount Enclosed \$ _____

If you would like to pay by credit card, please complete the section below. Please return entire form with your payment.

Card Holder's Name (as shown on card): _____

Signature of Card Holder: _____ Date: _____

Credit Card Number: _____ Exp. Date (MM/YY): _____

Card Type: ☐ Visa ☐ Master Card ☐ HSA Card **NO AMEX or DISCOVER**

CVV Code: _____ Billing Zip Code: _____