



FARMINGTON
Pediatric & Adolescent Medicine

FEES FOR NON-COVERED SERVICES

*****The following fees will be charged for services that are not covered by insurance*****

MISSED SICK APPOINTMENT	\$30
MISSED WELL CHILD CHECK/PHYSICAL (if not cancelled 24 hours prior to appointment)	\$50
MISSED TEEN WELL CHECK/PHYSICAL (If not cancelled 24 hours prior to appointment)	\$75
MISSED NEW PATIENT WELL CHECK	\$75
LATE ARRIVAL FOR WELL CHECK (more than 15 minutes after scheduled start)	"Missed" fee + reschedule appt.
RETURNED CHECK	\$25
CO-PAYMENT NOT PAID AT THE TIME OF SERVICE	\$20
SCHOOL/SPORTS/DAYCARE/CAMP FORM (waived if presented at time of well visit)	\$10
"RUSH" (same day, not during well visit) school/sports/daycare/camp	\$30

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF FEES FOR UNCOVERED SERVICES

I have received a copy of the Notice of Fees for Uncovered Services for *Farmington Pediatric & Adolescent Medicine, LLC*. Copies are available at the front desk.

Patient Name(s) _____

Signed: _____ Relationship _____ Date _____

PLEASE NOTE: This document will remain in effect as long as custody of the child remains the same. In the event of a custodial change or on reaching age 18, a new form will need to be signed.