



Annual Form Fee:

In the past, our office has charged a fee per form filled out. In an effort to increase the efficiency of our office, we have instituted an **Annual Form Fee of \$50.00 per patient with a family maximum of \$200.00**. This fee will cover completion of unlimited non-covered forms from **January 1, 2014 to December 31, 2014**.

In the past, our office has charged a fee for the completion of forms that are not related to the provision of medical care.

After reviewing our records, we know that the average patient requires 3-4 of such forms to be completed in a year. We also recognize that some patients need fewer forms to be completed. To those patients, we offer the **(option #2)** of paying per form in accordance with the following fee schedule.

Option 1= \$50 per patient for the year
(Unlimited forms)

Option 2 = Each Form \$25.00
Medical Record Copy \$0.65 per page

If the above policy poses a hardship, please contact the office for individual consideration.

Sincerely,

The Physicians at Greenwich Pediatrics

Please fill out the following form and submit to the office with payment if choosing Option 1.

Option 1: **YES**, I agree to pay the prorated Annual Form Fee of \$50.00 per patient for the following patients.

Option 2: **NO**, I will pay for each form for the following patients, in accordance with the fee schedule. (No payment is due at this time for Option 2) Send payment of \$25 per form along with forms as needed.

Patient Name	D.O.B	Amount
1.		
2.		
3.		
4.		
5.		

Total _____