

Child & Adolescent Specialty Care

EXPLANATION OF ADDITIONAL FEES

Patient Name: _____ **Date of Birth:** _____

Additional fees may be added to the patient's account under the following circumstances:

1. A \$5.00 fee will be charged to the account for unpaid copays at time of service or by the end of that business day.
2. A \$15.00 fee, per patient, will be due for any records released from our office excluding shot records.
3. A \$10.00 form fee will be added to the account for completion of any forms NOT brought with the patient at the time of service.
4. A collection fee of \$18.00 will be added to any account that becomes delinquent and must be transferred to the collection agency Tek Collect.
5. A NO-SHOW fee of \$25.00 is due for any no show to an appointment for medical care.

****A no show is either a completely missed appointment, an appointment in which the patient arrives after the 15 min early sign in time, or when the appointment is canceled without at least a 4 hour notice. We have a cancellation line to leave messages to cancel appointments 24/7.**

I have read the above information and understand that I am responsible for the additional fees listed.

Parent/Guardian Signature

Date

Relationship to Patient